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Report of the Executive Director: progress and achievements against the medium-term plan

Summary

This is the third annual report of the Executive Director on progress towards achieving the organizational priorities of the UNICEF medium-term plan (MTP) for 1998-2001 (E/ICEF/1998/13 and Corr.1) as requested by the Executive Board at its January 1999 session (E/ICEF/1999/7/Rev.1, decision 1999/7). The same decision also identified the revised elements for inclusion in the present report. Approved by the Executive Board at its September 1998 session (E/ICEF/1998/6/Rev.1, decision 1998/22), the MTP identified four organizational priorities and corresponding major areas of action, placing special emphasis on achievement of the goals of the World Summit for Children and implementation of the Convention on the Rights of the Child. The present report covers actions and developments during 2000, taking into account the requirements specified in relevant Executive Board decisions.

Following the introduction (chapter I), the report briefly describes major changes in the global context (chapter II). Chapter III considers progress, challenges and constraints in implementing each of the four organizational priorities of the MTP and, when appropriate, identifies adjustments introduced or planned to address them. Chapter IV provides an analysis of income and expenditure, and chapter V presents developments in performance management. The report concludes with a summary of the major issues addressed and implications for the future (chapter VI). In addition, as requested by the Executive Board at its 2000 annual session (E/ICEF/2000/8/Rev.1, decision 2000/6), an interim report on the use of the funds approved for UNICEF secretariat support to the Special Session on Children and additional events is presented in annex V.

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Abbreviations

AIDS	acquired immune deficiency syndrome
AsDB	Asian Development Bank
AusAID	Australian Agency for International Development
B.Ed.	Bachelor of Education
BFHI	Baby-Friendly Hospital Initiative
CCA	Common Country Assessment
CDC	United States Centers for Disease Control and Prevention
CEE	Central and Eastern Europe
CIDA	Canadian International Development Agency
CIS	Commonwealth of Independent States
CPMPs	country programme management plans
CPRs	country programme recommendations
CSO	civil society organization
DAC	Development Assistance Committee (OECD)
DfID	United Kingdom Department for International Development
DHR	Division of Human Resources (UNICEF)
DHS	Demographic and Health Survey
EAPR	East Asia and Pacific region (UNICEF)
ECD	early childhood development
EFA	Education for All
ESAR	Eastern and Southern Africa region (UNICEF)
FGM	female genital mutilation
FLS	Financial and Logistics System
GAVI	Global Alliance for Vaccines and Immunization
GNP	gross national product
GTZ	German Agency for Technical Cooperation
HIPC	heavily indebted poor countries
HIV	human immunodeficiency virus
HRIS	Human Resource Information System
IAEA	International Atomic Energy Agency
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross

IDD	iodine deficiency disorders
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illness
IMIS	Integrated Management Information System
IP	Internet Protocol
IT	information technology
JICA	Japan International Cooperation Agency
KAP	knowledge, attitude and practice
LDCs	least developed countries
LICs	low income countries
MENA	Middle East and North Africa
MICS	multiple indicator cluster survey
MMR	maternal mortality rate
MTCT	mother-to-child-transmission (of HIV)
MTP	medium-term plan
MTR	mid-term review
MTSP	medium-term strategic plan
NGOs	non-governmental organizations
NIDs	National Immunization Days
NT	Windows Network operating system
ODA	official development assistance
OECD	Organisation for Economic Cooperation and Development
OIA	Office of Internal Audit (UNICEF)
OMPs	office management plans
OPV	oral polio vaccine
P & P	personnel and payroll
Prog.	programme
ProMS	Programme Manager System
PRSPs	Poverty Reduction Strategy Papers
PSD	Private Sector Division
RMTs	regional management teams
SAP	Systems, Application, Products in Data Processing (a software package)
SCF	Save the Children Federation

SIDA	Swedish International Development Authority
SNIDs	Subnational Immunization Days
STDs	sexually transmitted diseases
SWAP	sector-wide approach
TACR	The Americas and Caribbean region (UNICEF)
TBAs	traditional birth attendants
U5MR	under-five mortality rate
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United National Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFIP	United Nations Fund for International Partnerships
UNFPA	United Nations Population Fund
UNHCHR	United Nations High Commissioner for Human Rights
UNHCR	United Nations High Commissioner for Refugees
UNIFEM	United Nations Fund for Women
UNMAS	United Nations Mine Action Service
USAID	United States Agency for International Development
USI	universal salt iodization
VSAT	Very Small Aperture Terminal (Internet Protocol satellite)
WCAR	West and Central Africa region (UNICEF)
WES	water and environmental sanitation
WFP	World Food Programme
WHO	World Health Organization
YMCA	Young Men's Christian Association

I. Introduction

1. This third annual report on implementation of the medium-term plan (MTP) for 1998-2001 (E/ICEF/1998/13 and Corr.1) describes the progress and achievements made by UNICEF in 2000 against the objectives of the MTP, as well as the constraints faced and efforts taken to overcome them. The report is organized around the priority areas of the MTP in a manner that links planning, programming, budget and outcome. It also focuses on lessons learned in 2000.

2. In 2000, UNICEF global advocacy and partnerships, programme activities, data collection and analysis, and management and operations were oriented towards achievement of the objectives of the MTP within the context of the end-decade goals of the World Summit for Children and the Convention on the Rights of the Child. UNICEF also took steps to further consolidate its rights-based approach. A major focus of activities at all levels was the end-decade review of progress against the World Summit goals, preparations for the General Assembly Special Session on Children in September 2001, the launch of the Global Movement for Children and the preparation of the medium-term strategic plan (MTSP) for 2002-2005.

3. Regular resources income in United States dollar terms stagnated in 2000. The long-run stagnation of regular resources income is a great cause for concern to UNICEF as, for the first time ever, regular resources income fell below one half of total income. However, fund-raising efforts were very successful for other resources. Total UNICEF income was $1,139 million, which exceeded the funding target of $1,112 million in the MTP.

4. The present annual report is based primarily on country office annual reports, regional analytical reports and a review of the implementation of office management plans (OMPs) at headquarters. The information contained in the text is supplemented by matrices reporting on the MTP priorities. Further to comments made by several Executive Board members last year, the use of matrices has been expanded. The reporting process has generated increasing clarity on issues related to the aggregation of results, with lessons learned for the MTSP. The present report represents a step towards a more systematic aggregation of results compared to previous years. As noted in last year's report (E/ICEF/2000/4 (Part II)), the current MTP does not include quantified objectives. It does, however, indicate the directions in which progress should be made, and it is on this basis that results are reported in the present document.

II. The global context

5. Several events and activities offered UNICEF special opportunities to promote the rights of children and women, and to build and sustain partnerships and alliances in 2000. These include: adoption of two Optional Protocols to the Convention on the Rights of the Child; adoption of International Labour Organization (ILO) Convention 182 on the elimination of the worst forms of child labour; four Security Council resolutions on children and women in armed conflict; the Millennium Summit; the Winnipeg International Conference on War-Affected Children; Geneva 2000; Beijing+5; the Dakar Conference on Education for All (EFA); and the International HIV/AIDS Conference, among others.

6. Following General Assembly resolution 54/93 of 7 December 1999, and in preparation for the upcoming Special Session on Children, national, regional and global end-decade reviews of progress towards the goals of the World Summit for Children were undertaken in most countries and regions in 2000, and some are still ongoing. Although final results are not yet in, it is clear that substantial progress has been made towards achieving the World Summit goals and fulfilling the ideals of the Convention on the Rights of the Child. However, it is also clear that progress has been greater towards some World Summit goals (e.g. polio eradication and universal salt iodization (USI)) than others (e.g. the reduction of maternal mortality), and that progress has been more rapid in some regions and countries than in others. In some countries, even retrogression has occurred. Most of the World Summit goals will not be met, and renewed efforts and political commitment are necessary to address the underlying challenges to the realization of child rights. The end-decade reviews, as well as the reviews of other international conferences, have also highlighted the importance of social and economic disparities. Progress towards the goals has often been slowest among those starting from the lowest base. There is evidence of widening disparities between nations as well as within them. Such knowledge will empower policy makers to design policies and interventions, and seek partners to more effectively address the situation of those falling below the average.

7. In 2000, several set-backs and longstanding problems impeded progress for children, such as persistent poverty, high debt burdens of many developing countries (despite some debt relief for heavily indebted poor countries (HIPCs), the still-expanding HIV/AIDS pandemic, armed conflicts, and natural disasters in Afghanistan, El Salvador, India and Southern Africa. The year 2000 saw a growth in the world's awareness of, and repugnance for, some of the worst abuses of children's rights, such as the recruitment and deployment of child soldiers, and the trafficking in children and women.

III. Progress in the implementation of organizational priorities

8. The four main organizational priorities of the MTP for 1998-2001, which provided the focus of UNICEF activities in 2000, are: (a) enhancing partnerships and promoting advocacy on children's rights; (b) programme priorities: enhancing the survival, development, protection and participation of children; (c) improving the availability and use of data in critical areas; and (d) strengthening management and operations. Analysis of implementation in each area is provided below.

A. Enhancing partnerships and promoting advocacy on children's rights

9. In 2000, UNICEF continued to enhance partnerships and promote advocacy on children's rights in line with the MTP. UNICEF has cooperated closely with other agencies in the United Nations system. Detailed information on this cooperation is provided in part I of the Executive Director's annual report (E/ICEF/2001/4 (Part I)). Of particular note, the Common Country Assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) have sharpened the focus of the United Nations in support of national priorities and are strengthening partnerships, although their full potential remains to be realized. Both instruments

are of strategic importance to UNICEF in promoting a child-friendly world through its programmes of cooperation. Good CCA processes have been instrumental in identifying problems and priority issues for the United Nations, Governments and other partners. Concerning UNDAF, the focus on global priorities, such as HIV/AIDS, girls' education, child rights and other global conference-related priorities, has helped to reinforce or set clear priorities at the country level, formulate a common approach by the United Nations to countries' development needs and priorities, and define the respective roles of both the Un ted Nations and various agencies.

10. UNICEF was deeply involved in preparations at national, regional and global levels for the Special Session on Children. Support to national end-decade reviews involving Governments and civil society was a priority item on the work plan of almost all UNICEF country offices in 2000. The great majority of Governments have conducted national and even subnational end-decade reviews. High-level political commitment, intersectoral cooperation, involvement of civil society and young people's participation were evident in many national end-decade reports. The results of these end-decade reviews are still being analysed, and the Secretary-General will report more comprehensively on trends and required follow-up actions in his report to the General Assembly Special Session on Children. UNICEF also supported the various regional end-decade meetings and assumed the role of substantive secretariat to the Preparatory Committee for the Special Session. In 2000, UNICEF assisted the Bureau of the Preparatory Committee to draft the outcome document for the Special Session entitled "A World Fit for Children", and subsequent drafts were discussed with the Bureau and the Preparatory Committee in 2001.

11. The year 2000 brought a major step forward for the Global Movement for Children with the launch of the Leadership Initiative in May by Nelson Mandela and Graça Machel. A large and growing group of non-governmental organizations (NGOs) — the Civil Society Organization (CSO) Reference Group — has helped to facilitate wider NGO involvement in several aspects of the Global Movement for Children and the Special Session. NGOs such as the Bangladesh Rural Advancement Committee, the Save the Children Alliance, World Vision and Plan International have helped to define the Global Movement for Children including its communication strategy. Many NGOs, including the Child Rights Caucus, provided valuable input to the outcome document, "A World Fit for Children". Other work in 2000 included working with partners in the Global Movement for Children to develop the rallying call — a set of 10 imperatives for children — and a symbol and logo for the Movement, as well as television advertisement and pledge spots that will be broadcast in 2001 as part of the "Say Yes for Children" campaign to raise public awareness of the Movement.

12. In May 2000, UNICEF embarked on a major exercise to refresh its brand and communication strategy as the organization prepares for the Special Session and the development of the MTSP. The exercise involves clarifying what UNICEF stands for as an organization and how it communicates with its many audiences about what it does. The UNICEF web site home page was revamped in 2000 to facilitate access to information. The number of page views increased to 21 million in 2000, up from 12 million in 1999. A new media service was established to help journalists research and write about children's issues. *The State of the World's Children* report

highlighted the importance of early childhood development (ECD), and *The Progress of Nations* charted progress made for children over the past 10 years.

13. UNICEF continued its global advocacy on debt relief and investment in children in 2000. The novelty with the enhanced HIPC Initiative is a commitment by all partners in Government and donor agencies to base cooperation on participatory Poverty Reduction Strategy Papers (PRSPs). UNICEF promoted children's and women's rights as well as priority investment needs as a member of the United Nations country team in PRSP exercises in Ecuador, Kenya, Malawi, the United Republic of Tanzania and Zambia in 2000. UNICEF argued, in a booklet entitled "Poverty Reduction Begins with Children", that children play a crucial role in breaking the cycle of poverty. Investing in children is the single most important contribution to poverty reduction. UNICEF made significant contributions to "A Better World for All", the first global report card on progress towards the international development targets, prepared jointly by the United Nations, the International Monetary Fund, the World Bank and the Organisation for Economic Cooperation and Development (OECD). Like "Poverty Reduction Begins with Children", it was launched at the Special Session of the General Assembly on the Implementation of the Outcome of the World Summit for Social Development in Geneva in June 2000. The mainstreaming of the 20/20 Initiative to achieve universal access to basic social services continued in 2000, and was reflected, among others, in "A Better World for All", the OECD/Development Assistance Committee (DAC) Report 2001 and the Geneva 2000 Declaration.

14. New partnerships played an increasing role in UNICEF work. UNICEF country offices have continued to work closely with their partners in the ministries of health, education, water and social affairs. However, the holistic approach of the Convention on the Rights of the Child has led UNICEF to broaden the scope of its partnerships with Governments to include the ministries of justice, interior or home affairs, and finance on topics as diverse as birth registration, juvenile justice and government expenditure on basic social services. UNICEF has increased its collaboration with legislators and provincial and municipal governments in 2000, especially in Bangladesh, Bolivia, Brazil, Colombia and the Philippines. UNICEF is also developing partnerships with CSOs and both national and international NGOs.

15. Partnerships with the private sector have also expanded as a source of funding, knowledge, expertise and leadership in the cause of children, and for their potential in the realization of human rights, from such issues as child labour to gender equality and protection of the environment. One concrete example of this partnership is the Global Alliance for Vaccines and Immunization (GAVI), established in late 1999, to increase political and financial support for immunization from Governments, multilateral agencies, NGOs, academia and the private sector. On a more local level, UNICEF has convinced some private sector providers of female circumcision services in West Africa to renounce female genital mutilation (FGM). As promising as some partnerships with the private sector are, however, UNICEF carefully appraises each potential alliance to ensure a good fit with the organization's core values and goals for children.

16. UNICEF considers inter-agency cooperation to be central to humanitarian and peace-building efforts. This includes involvement in the United Nations Consolidated Appeal Process in 2000 in the spirit of UNICEF being an organization present before, during and after a crisis. Early warning and early action have been

the focus of considerable inter-agency collaboration for UNICEF in 2000. Contingency planning with the Office of the Coordinator for Humanitarian Affairs and other United Nations partners has provided a platform for common assessment and an overview of the projected United Nations response to threats and instability. Engagement with the Inter-Agency Standing Committee (IASC) has been the key to a coordinated and enhanced response to emergencies. Through involvement in IASC, including serving as the chair, UNICEF has contributed to the development of humanitarian policies and guidelines. This has resulted in greater inter-agency collaboration on issues affecting children, including internally displaced persons, sanctions, gender, human rights and humanitarian action, small arms, assistance to persons with HIV/AIDS, educational response, child soldiers, landmines and unaccompanied children. Great emphasis was placed on improving agreements and memoranda of understanding with partners to reduce overlap among agencies' responsibilities and embarking on new agreements for collaboration. Stand-by agreements with Governments have been strengthened for the deployment of resources and personnel in emergency situations at the acute stage of rapid response. These include the overall agreement with the Swedish International Development Authority (SIDA) and the institutional partnership with the United Kingdom Department for International Development (DfID). The latter is part of the a three-year programme of cooperation to support UNICEF efforts towards improving its organizational capacities to ensure a coordinated programmatic and operational response for children in conflict situations. Particular emphasis is placed on three major areas of humanitarian action: advocacy and programme support for children affected by armed conflict (the Anti-war Agenda); development of a predictable humanitarian response, driven by a strengthened programmatic capacity; and strengthened mine awareness and advocacy efforts for a global ban on landmines.

B. Programme priorities: enhancing the survival, development, protection and participation of children

17. This section summarizes progress made during 2000 in relation to each of the programme priority areas of the MTP. The summary results matrix contained in annex I.A complements the analysis.

18. The new UNICEF *Programme Policy and Procedure Manual* incorporates the rights-based approach and planning tools relating to CCA and UNDAF. With significant UNICEF contributions, outputs of United Nations country teams in Cambodia, Eritrea, Nepal, Nicaragua and Panama have integrated rights-based approaches. Capacity-building of UNICEF staff and partners in the application of human rights principles continued in 2000, notably in the Eastern and Southern Africa region, Nepal and Pakistan.

Priority area 1: Reducing young child mortality and morbidity

19. Global immunization coverage continues to be 74 per cent, although many countries in sub-Saharan Africa, as well as those in conflict, report coverage rates far below 50 per cent. As a member of the GAVI Board and working groups, UNICEF makes key contributions to the GAVI goals of universal access to, and use of, immunization services and accelerated introduction of new and underused

vaccines in the poorest countries. UNICEF is procuring new and underused vaccines at an estimated cost of $600 million over the next five years.

20. Only 2,800 cases of polio were confirmed, compared to the 7,100 cases in 1999. The number of endemic countries fell from 30 to 20. National immunization days (NIDs) remain a key strategy and are typically organized in partnership with the World Health Organization (WHO), Rotary International and the United States Centers for Disease Control and Prevention (CDC). A total of 145 rounds of NIDs were held in 53 polio-endemic countries. UNICEF procurement of oral polio vaccine (OPV) made a major contribution. In countries in situations of armed conflict, a truce between warring parties had often been arranged to conduct NIDs.

21. The elimination of maternal and neonatal tetanus accelerated with supplementary immunization in Bangladesh, Cambodia, Chad, Ethiopia, India, Myanmar, Nepal and Yemen, while health education and the training of birth attendants is supported in 71 countries.

22. Political commitment to address HIV/AIDS as a threat to global peace has grown rapidly, as shown by the United Nations Security Council in early 2001. In at least 16 countries in sub-Saharan Africa, more than one tenth of the population aged 15-49 years are thought to be infected. In the past year, an additional 600,000 children under the age of 15 years became infected with HIV, 90 per cent of them through mother-to-child transmission (MTCT). Out of 50,000 new antenatal care clients seen in pilot projects supported by UNICEF, over 30,000 had been counselled; 22,000 had been tested for HIV; and close to 3,000 HIV-infected women had received anti-retroviral regimens to reduce MTCT. Botswana is aiming to achieve national coverage for MTCT interventions by the end of 2001, and Brazil, Malaysia and Thailand have already taken these measures successfully to scale.

23. Within Africa, UNICEF procured over 1 million bednets treated with insecticides and anti-malarial drugs, and helped to develop policies on malaria prevention and control. Treated bednets are being promoted in 37 countries. The Roll Back Malaria Initiative, led by WHO, the United Nations Development Programme (UNDP), the World Bank and UNICEF, emphasizes partnerships, as many poor families still cannot afford bednets even at subsidized prices.

24. UNICEF supplied over 60 countries with vitamin A capsules, financed primarily by the Micronutrient Initiative. These supplements were distributed mainly as part of NIDs or during measles campaigns. Out of 70 countries where vitamin A deficiency is common, 43 have achieved over 80 per cent coverage with vitamin A supplementation. It is estimated that close to 1 million lives have been saved through high-dose supplementation in the past three years.

25. Community-based health and nutrition programmes are being supported in some 70 countries. Due to the inadequacy of routine information systems, reporting on changes in nutrition status is generally weak, although Cambodia and Madagascar were able to document progress in reducing malnutrition over the last few years. There is growing consensus on a core set of family care practices that address five common, preventable or easily treatable conditions: pneumonia; diarrhoea; malaria; measles; and malnutrition. Those conditions often result from inadequate knowledge and practices among parents regarding prevention, appropriate home care, and when and where to seek help, as well as limited access to quality health care and other basic services.

26. In Uganda, UNICEF combined contributions to sector policy development with improved access of primary schools to clean water and sanitation. School sanitation and hygiene education were promoted in 36 countries. In response to the arsenic crisis, UNICEF assisted the Government of Bangladesh and national NGOs to test 180,000 wells and install almost 14,000 safe water systems. Some 2,000 community leaders and teachers were trained to identify those suffering from arsenicosis. While the conflict in Sudan remains the largest single constraint to the eradication of guinea worm disease, six countries in West Africa significantly reduced the number of cases in 2000. Major investments by the Gates Foundation and the United Nations Foundation should help to accelerate eradication, which has already led to a 97 per cent reduction in cases during the last decade.

Priority area 2: Improving early childhood care for child growth and development

27. Advocacy has resulted in more explicit national policies for ECD and new strategies to ensure converging services. An "integrated ECCD [early childhood care and development] bill" was passed in the Philippines. In Jordan, 8,000 parents were trained in better parenting, and the project influenced the development of a national ECD strategy. In Nepal, an evaluation showed improvements in care practices among 32,500 caregivers. An ECD communication programme reached large numbers of mothers in Turkey. In Namibia, community mentors attend well-managed facilities on a periodic basis and share their experiences with home-based centres. In the Lao People's Democratic Republic, families participated in developing training curricula and contributing local knowledge and resources for integrated child development centres.

28. Several countries in Eastern and Southern Africa prepared national infant feeding policy guidelines and conducted training for counsellors. Implementation of the infant feeding component in the MTCT of HIV prevention pilot projects has proven highly complex. Providing generic formula is difficult, and monitoring is often inadequate. UNICEF is working closely with WHO on the implementation of training in HIV and infant feeding counselling to ensure that HIV-positive mothers receive the necessary information and support to enable them to make an informed choice on the most appropriate infant feeding option for their circumstances. UNICEF increasingly supported infant feeding in emergencies, notably in the Balkans and in Angola and Burundi. As a member of the Administrative Committee on Coordination/Subcommittee on Nutrition Working Group on Emergencies, UNICEF helped to prepare operational guidelines and tools for the training of relief workers.

29. Despite the growing number of good examples, a partial understanding of ECD in many countries is marked by single sector interventions, pre-primary education, urban-based facilities and high-cost approaches. Top-level political commitment to ECD, as found in Jordan and Senegal, is still relatively rare.

Priority area 3: Preventing childhood disability

30. UNICEF supported surveys on childhood disabilities in 10 countries. Legislation on the rights of children with disabilities was adopted in Lebanon and is being considered in Yemen.

31. UNICEF continued to promote USI to eliminate iodine deficiency disorders (IDD). Worldwide, 72 per cent of all consumed salt is iodized. Salt producers are assuming greater responsibility, and support from the Gates Foundation, Kiwanis International and the United States Agency for International Development (USAID) should allow advances in West and Central Africa and Central and Eastern Europe where progress has been slowest.

32. Landmine awareness efforts were supported in some 24 countries, including Azerbaijan, Eritrea, Lebanon and the northern Caucasus. In Cambodia, an external evaluation validated the focus on school-based mine awareness and recommended that peer education be introduced for out-of-school children.

Priority area 4: Improving access to and quality of basic education

33. UNICEF assisted 390,000 more girls to enter school in Ethiopia, 130,000 children (30 per cent girls) in Afghanistan and 11,500 children in Yemen. Some 12,000 working children were reintegrated into schools in Bolivia. Retention rates to the fifth grade reached 95 per cent in UNICEF-supported community schools in Egypt. An increase in girls' enrolment rates was reported in over 20 countries. About 10,000 schools in 46 countries improved the learning environment with UNICEF support, while almost 270,000 teachers and school principals participated in UNICEF-assisted training programmes.

34. UNICEF support is now more often designed as part of national capacity-building and sector reform. A national policy on school clusters was developed in Ethiopia; the assessment of learning achievement was promoted in Botswana; a framework for non-formal education was created in Cameroon; gender policy guidelines were drafted in Kenya; and school fees were abolished in Cameroon and Lesotho. Within the Malawi education sector-wide approach (SWAP), life skills education was mainstreamed in primary education. Partnerships were built around the Dakar Framework for Action and in the context of SWAPs. UNICEF Eritrea sponsored a national conference on EFA, and Sudan organized an information session for its 26 state education ministers. In some countries with high aggregate enrolment rates, such as Namibia, UNICEF supported actions for the inclusion of educationally marginalized children.

35. Instability and crisis, AIDS, persistent poverty, early marriage and the large number of working children are major challenges. While the impact of the AIDS pandemic and conflict on schooling was shocking, the role of education in both preventing these crises and mitigating their impact is more widely acknowledged. Initiatives that have proven effective in emergencies, such as the introduction of child-friendly learning spaces and an emphasis on psychosocial services for schoolchildren, might also be useful in regular programmes. While the links between education and child protection remain generally weak, 30 countries participated in an initiative on "education as a preventive strategy against child labour".

Priority area 5: Improving adolescent health and development

36. Over 100 UNICEF country programmes now include a focus on young people's health, development and participation. Common entry points are strategies to address HIV/AIDS, where adolescent participation can be powerful in disseminating information and encouraging discussion. A common framework gives emphasis to convergence among sectors and aims to promote adolescents' rights to: develop their capacities; gain access to a range of youth-specific services and opportunities; live, learn and, where appropriate, earn a living in safe and supportive environments; and participate in decisions that affect their lives. Life skills education, health education and the provision of youth-friendly health services are being pursued in most regions.

37. In some countries, UNICEF works through peer education programmes, in others with news and entertainment media. Elsewhere, UNICEF helped to develop national policies, facilitated participatory assessments or young people's forums, or strengthened youth centres. Often UNICEF takes the lead in creating innovative approaches for working with adolescents. The Namibian "My Future, My Choice" initiative exposed 100,000 young people to 20 hours of life skills training through peer education. In Brazil, UNICEF helped to develop a positive vision of young people. Children from 11 West African countries made recommendations on war-affected children to the region's foreign affairs and defence ministers.

38. A range of countries, United Nations agencies and NGOs were involved in participatory initiatives on young people in crisis and on adolescent development. The "Voices of Youth" Internet forum made an important contribution to meeting adolescents' rights to information. While much creative thinking and innovation took place, there is a need to develop the capacity to plan in partnership with adolescents. Strategies need to be found that can move small-scale projects to a reasonable scale. The growing attention by bilateral agencies and international foundations provides a basis for stronger support to programmes for and with adolescents.

Priority area 6: Protecting children from exploitation, violence and abuse

39. New child labour legislation or plans were introduced in about 20 countries, mostly in Latin America and the Caribbean. An important stimulus has been the adoption of ILO Convention No. 182 on the elimination of the worst forms of child labour. There were encouraging signs that the sensitivity which often surrounds exploitation, abuse and violence was being breached. In Haiti, the situation of child domestic workers, 75 per cent of them young girls, has been formally acknowledged as a national problem. In a three-year initiative, over 200,000 urban working children have been enrolled in learning centres in Bangladesh.

40. About 30 per cent of all births worldwide go unregistered, but birth registration has been put on the political agenda of several countries, with a growing appreciation of its strategic importance for the realization of children's rights. In Bangladesh, UNICEF supported campaigns that registered over 1 million births. The campaigns forced changes, including decentralization, in the system of registering births. Ecuador, Nicaragua and Peru launched large-scale information campaigns in

partnership with churches and grass-roots organizations. In Ecuador, over 322,000 children have been registered. The Philippines and Thailand have used mobile registration in remote areas.

41. UNICEF has advocated for and strengthened national capacity in some 50 countries to achieve greater consistency of juvenile justice systems with the Convention on the Rights of the Child. In Lebanon, the United Nations Centre for International Crime Prevention helped to reform the juvenile justice law. Child and adolescent defence systems in Peru processed 120,000 cases of violation of children's rights. In the Islamic Republic of Iran, UNICEF supported a knowledge, attitude and practice (KAP) survey among the staff of correction centres, and the training of police, judges and social workers.

42. UNICEF supported mine awareness efforts in 24 countries during 2000. External evaluations in East Asia found that risk education in schools was more effective among children than information addressing communities as a whole. In Cambodia, the focus was shifted to training and support of primary school teachers, as well as to exploring peer education for out-of-school children.

43. Protection, relief and rehabilitation initiatives were supported, often within the context of United Nations consolidated appeals. Basic health care, education, nutrition, and water and sanitation systems were rehabilitated, usually accompanied by major shipments of critically needed supplies. Beneficiaries included children of displaced and returnee populations in the Congo, the Democratic Republic of the Congo, Eritrea and Sierra Leone, and the United Nations-administered province of Kosovo, or victims of droughts and floods in Ethiopia, Madagascar and Mozambique. Rapid UNICEF responses were facilitated through allocations totalling $16.9 million from the Emergency Programme Fund, most of which was replenished through bilateral donations.

44. UNICEF continued to collaborate closely with partners in ensuring humanitarian interventions in health, nutrition, education, protection and sanitation. UNICEF responses were most successful when focused - in line with its core corporate commitments in emergencies - on acceleration of a range of activities for which experience and strength exist in the regular programme of cooperation. Since being presented to the Executive Board in May 2000 in document E/ICEF/2000/12, the core corporate commitments have provided UNICEF with a detailed outline of the minimum package of interventions that the organization will ensure in response to a humanitarian crisis. They identify four areas of response in an emergency, covering the initial assessment of the situation, the capacity to assume a coordinating role in sectors in which UNICEF has programmatic expertise, and particular commitments in both programmatic and operational areas.

Priority area 7: Reducing maternal mortality and morbidity

45. UNICEF supported maternal health programmes in some 111 countries, often through the Safe Motherhood Initiative and the alliance for women's reproductive health. Training for birth attendants was provided in some 71 countries. UNICEF also helped to strengthen referral systems, and national policy development and research, and to expand maternal death audit systems. Many countries focused on improving essential obstetric care services to manage life-threatening complications and, in some countries, including China, on increasing the coverage of hospital

deliveries. However, a pilot initiative in Egypt, which has brought about modest improvements in obstetric services, found the relatively high costs of services to be severely limiting. Using approaches based on human rights principles, countries in South Asia have been pioneering local resource mobilization for safe motherhood through community funds, loans or insurance schemes.

46. The World Summit for Children goal of reducing the rate of low birth weight to less than 10 per cent has proved to be one of the most difficult to achieve. With support from the Governments of Canada and the Netherlands, UNICEF aims to demonstrate the feasibility of reducing low birth weight and perinatal mortality in 11 countries through the judicious use of food and nutrient supplements. Some of the constraints facing the initiative are country specific, such as resistance to supplementation, or problems associated with monitoring weight within 24 hours of birth. The distribution of iron folate and other micronutrient supplements to pregnant women was supported in 59 countries, and the fortification of commercial foods in 14 countries.

Priority area 8: Preventing gender discrimination and promoting gender equality

47. Nearly all the county notes reviewed by the Executive Board at its January 2001 session made specific reference to actions for eliminating gender inequalities in childhood, ending violence against women and girls, and promoting women's rights. UNICEF was a member of UNDAF gender subgroups or United Nations theme groups in 25 countries. However, United Nations consolidated appeals underline the need for a better understanding of gender issues in response to crises. The IASC Subgroup on Gender will take this up in 2001.

48. Knowledge of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women was included in the curricula of law schools in Jordan. Sensitization seminars were organized for nearly 90,000 women and their husbands through the Grameen Bank network in Bangladesh. Local leaders, child protection officers, law officers and children received gender and child rights training in 66 districts in Viet Nam. Similar training was provided to 4,800 community leaders in Uganda, and to 85,000 village government members in two states in India. UNICEF Peru was attempting to break patterns of gender socialization and stereotyping at an early age by supporting a "Father's Initiative". Feedback from mothers was encouraging, as was preliminary feedback on gender-sensitive parent education in Jamaica, Maldives, Mexico, Nepal, the Philippines and Viet Nam.

49. UNICEF worked with local women activists, NGOs and other United Nations agencies to support innovative programmes against domestic violence in almost all regions. UNICEF advocacy led the Government of Pakistan to declare "honour killings" a criminal offence. Guyana launched a campaign on "Women and Men Uniting to Stop Violence", and the Philippines on "Abusive Relationships in Filipino Families".

50. Moving from single, vertical interventions to community-based actions, and despite political resistance in some cases, UNICEF supported the elimination of FGM in 16 countries, notably Burkina Faso, Djibouti, Egypt, Ethiopia, Kenya, Mali

and Senegal. The involvement of young people in Eritrea, religious leaders in Somalia, and former FGM practitioners in Niger will provide valuable lessons.

Use of the global set-aside funds for strategic programming

A total of $26.2 million was available to country programmes in 2000 from the global set-aside of 7 per cent of regular resources. Based on the criteria in Executive Board decision 1997/18 (E/ICEF/1997/12/Rev.1) establishing the fund, allocations were made by the Executive Director for strategic programming efforts in support of programme priorities and for additional special needs.

As was the case in 1999, the largest segment of funds — 38 per cent of the total — was allocated for immunization programming to complement GAVI, with a focus on countries that are in need of special help. In light of the continuing seriousness of the AIDS pandemic, a greater proportion of funds — 23 per cent — was utilized in 2000 to accelerate UNICEF-supported programmes in this area. In addition, 15 per cent of the funds were used for malaria prevention and control activities, and the remainder was earmarked for special purposes, including: support to the new East Timor programme (8 per cent); arsenic mitigation in Bangladesh (2 per cent); home- and community-based schooling in Afghanistan (2 per cent); and ECD in Jamaica (1 per cent). In accordance with Board-approved guidelines, the balance of the funds — nearly $2.5 million — was used for allocations to 31 ongoing country programmes to prevent a decline in the overall level of regular resources available for cooperation in 2000. Over one half of the fund allocation (53 per cent) was for sub-Saharan Africa, 26 per cent for Asia and the rest for other regions.

In support of the Global Polio Eradication Initiative, 30 per cent of the immunization set-aside funds were used specifically to accelerate vaccination coverage in six of the priority polio-endemic countries in Africa and Asia, primarily through support of NIDs campaigns. The remaining funds were used in a total of 34 countries to fill critical gaps and take advantage of emerging opportunities in national immunization programmes. The funds were used to support NID campaigns; cover shortfalls in vaccines (combined diphtheria/pertussis/tetanus, tetanus toxoid, hepatitis B and measles) to ensure uninterrupted coverage; procure critical cold-chain equipment; and strengthen the management and technical capacity of national immunization services. In Cambodia, Kenya and other countries, the set-aside funding was used specifically to strengthen immunization efforts in low coverage and marginalized districts. In countries applying for GAVI funds for long-term immunization programme support, the UNICEF set-aside funds helped to finance the surveys, evaluations and planning necessary for a successful proposal.

The set-aside funds for HIV/AIDS provided UNICEF country offices with the resources to address shortfalls as well as the flexibility to work in emerging programming areas. In the 10 countries receiving this support, work was carried out in the areas of mobilization and advocacy, the establishment of voluntary counselling and testing systems, and support to the development of national policies that address the rights of

women and children affected by HIV/AIDS. Several countries used the funds to initiate pilot projects for the prevention of MTCT of HIV. In Zambia, an MTCT project in three districts has resulted in an increase in the number of mothers tested and undergoing treatment, and has been fully adopted by district authorities. Much of UNICEF mobilization and communication efforts focused on young people, with support provided for innovative outreach programmes such as the United Republic of Tanzania's "Uhuru Torch" race and Haiti's "Caravan of Artists" against AIDS.

In seven countries, the set-aside funds were used to reduce the burden of malaria on children through the expansion of both preventive and curative strategies. Activities included the procurement and promotion of insecticide-treated bednets; the training of health workers in the effective management of malaria; awareness campaigns; technical assistance; and the development and testing of community-based malaria control strategies. In some countries, such as Niger and Papua New Guinea, the set-aside funds were used to intensify anti-malaria efforts in districts with high morbidity levels.

East Timor was the largest single recipient of set-aside funds in 2000. The funds were used to "kick start" a wide range of programmes in the critical transitional period leading to independence and to support the establishment of the new UNICEF country office. Activities included training; incentives and materials for teachers; the re-roofing of primary schools; the provision of micronutrient supplements; support for the re-establishment of the immunization network; the construction of water points, and the promotion of hygiene and sanitation; and support to centres that provide a safe environment for women and children affected by the recent violence.

The flexibility of set-aside funds allowed UNICEF to invest in such a way as to significantly increase the impact and outputs of the programmes involved. In some countries, it allowed UNICEF to focus on marginalized groups, such as girls and women in Afghanistan (through non-formal education) and indigenous populations in Guyana and Peru (through the expansion of vaccination programmes). In other countries, the set-aside enabled UNICEF offices to provide timely support to positive campaigns initiated by political leaders, such as for HIV/AIDS in the United Republic of Tanzania and polio eradication in Egypt, and to reinforce partners' efforts to operationalize global initiatives, such as GAVI, Roll Back Malaria and polio eradication on the ground. In countries in conditions of instability and crisis, the set-aside funds allowed key programmes, such as NIDs in the Democratic Republic of the Congo and Sudan, to continue and even expand. While expenditure rates from the set-aside in 2000 have not been as high as desired in a few countries, the funds have allowed UNICEF field staff in many countries to support innovations and interventions that have the potential to influence the form and impact of UNICEF programming in the years to come.

C. Improving the availability and use of data in critical areas

51. The assessment of progress over the last decade in relation to the World Summit for Children goals has been a high priority activity for UNICEF in 2000, with significant progress being made in collecting and analysing data on the situation of children (see annex I.B). The end-decade reviews conducted at subnational, national, regional and global levels will contribute to the Secretary-General's report to the Special Session on Children.

52. By March 2001, UNICEF had received 117 national end-decade reports, many with detailed data annexes to support assessments of progress. Substantial data collection activities aimed at measuring end-decade status are still under way. UNICEF has helped more than 60 countries fill critical data gaps through the multiple indicator cluster surveys (MICS) in 1999-2000. These surveys, together with over 40 Demographic and Health Surveys (DHS), have been the international community's primary support to countries in improving the capacity of their data systems in relation to the end-decade process. UNICEF is analysing this wealth of data and incorporating it in the global end-decade assessment process.

53. However, the objective of improving the collection and use of critical data on children does not stop when national-level data are collected, analysed and published. Subnational data collection and analysis are being encouraged as a way of generating disaggregated data to identify disparities and focus action in the areas of greatest need. At the international level, determining change over time and producing comparable regional and global assessments require extensive data assessment and analysis, drawing on detailed data source documentation and expert knowledge. The UNICEF objective is to maintain the most comprehensive database on the situation of the world's children ever produced, one that can stand up to international scrutiny and provide not only an assessment of progress during the 1990s, but also a sound base from which to measure future changes. Increasing attention is being given to building indicator-specific databases so that relevant data from many sources can be identified and estimates of progress over the 1990s derived. Estimates included in the "Global Water Supply and Sanitation 2000" report are an outcome of the development of this database. Many other database-derived estimates will be produced before the Special Session on Children.

54. A growing project is ChildInfo, a database and mapping software, which stores, organizes and displays data on children and women. Version 2 was released in 2000, and its use has expanded beyond the original three regions of Eastern and Southern Africa, East Asia and the Pacific, and South Asia. ChildInfo is being used to display the results of MICS, as well as data from other sources. In addition, it is being used increasingly outside UNICEF, particularly by the CCA/UNDAF process.

55. In 2000, UNICEF supported analyses of the situation of children and women in 30 countries. A number of these situation analyses formed the basis for UNICEF specialist contributions to broader CCAs. In most cases, a rights-based approach was adopted, putting special emphasis on the underlying factors affecting the fulfilment of children's and women's rights. The assessment of gender and geographical disparities, and the analysis of vulnerability and discrimination were also stressed. Increased attention has been given in these studies to the situation of children in adolescence, often within a life cycle approach.

D. Strengthening management and operations

56. The MTP for 1998-2001 identified priority actions to be taken to improve organizational capacity and performance in key areas, including: (a) human resources management; (b) supply operations; (c) integrated management information systems (IMIS); and (d) information management and technology. Building on the above, the multi-year funding framework also included improvement of organizational capacity and performance as a key result area. The sections below contain a summary of key results achieved and progress made in each of these areas in 2000. A detailed overview of major activities undertaken, key results achieved, and constraints and lessons learned is provided in annex I.C.

Human resources

57. Staff morale and the development of a more family-friendly work environment were major themes in 2000. A special reference group on staff morale was set up to monitor progress in this area and to ensure the identification and exchange of good practice among headquarters divisions and regions. The Global Management Team reviewed reports and recommendations from this process as part of a full-day session devoted to human resources issues.

58. New policies on entitlements for maternity, paternity, adoption and family leaves, as well as on breastfeeding, were issued, aimed at making the work place more family-friendly. The Human Resource Information System (HRIS) was launched at headquarters to allow staff to look up and verify their own information, including pay statements and pension benefits.

59. A global rotation exercise that covered 103 staff members and matched staff career aspirations with available posts was carried out successfully. An important pilot project was initiated in Nigeria to match career aspirations, training and development opportunities, and future job possibilities. Efforts to increase the use of generic job descriptions and clearer definitions of job competencies continued in 2000, with competencies and revised job descriptions published for operations and communications officers. In addition, key staff were trained in "competency-based" interview techniques. A web roster was launched for offices to search for candidates for consultancies and short-term employment. The first round of pilots for "Growth", the new UNICEF performance management system, was completed towards the end of 2000. Four countries have reported good results in 2000, and a new round of "Growth" pilots is planned for 2001.

60. Key achievements in 2000 in the area of training included: (a) the successful completion and field testing of a draft new programme process training manual; and (b) the completion of programme process training for 127 staff in five regions. A joint effort by management and the Global Staff Association in the training of 125 new ombudspersons in five regions and at headquarters led to the strengthening of the global network of ombudspersons. End-of-year reports indicate that the training led to a greatly heightened capability to address complaints and resolve disputes quickly.

Supply function

61. Globally, UNICEF purchased $502 million worth of supplies and equipment in 2000, of which $288 million were procured by Supply Division in Copenhagen and $214 million were decentralized through country and regional offices. Most of these supplies were at the core of children's rights to survival, protection and development, including vaccines and immunization-related supplies; pharmaceuticals; medical supplies and equipment; cold-chain equipment; and education, nutrition and water and sanitation supplies.

62. Of the offshore procurement undertaken by Supply Division, $123 million were for country programmes, $75 million for the Oil-for-Food programme in Iraq, $33 million for procurement services, $45 million for warehouse replenishment and $12 million for administrative supplies.

63. Supplies continued to be critical to the UNICEF emergency response. There were 42 emergency airlifts during the year, 11 in June alone, for, inter alia, drought in the Horn of Africa and floods in Madagascar and Mozambique.

64. Regional procurement remained a priority. The centre in Ankara, Turkey, sourced supplies for the Oil-for-Food programme; and the centre in Pretoria, South Africa, procured bednets for the Roll Back Malaria Initiative, emergency supplies for flood relief for Mozambique, and medical supplies for the Ebola outbreak in Uganda in October. UNICEF India procured large quantities of polio vaccine from local companies as part of the global polio eradication effort, which helped to make India the largest supplier country to UNICEF, a first for a programme country. UNICEF procured $82 million worth of supplies in India in 2000, of which $40 million were for OPV.

65. Several new products and kits were introduced in collaboration with suppliers, including an arsenic detection kit for Bangladesh and a new version of "school in a box".

Integrated management information systems

66. The headquarters Financial and Logistics System (FLS) completed its second full year of use, with a total of 560 active users at six headquarters locations. Ongoing fine-tuning of the systems has taken place, including: two major releases of the Programme Manager System (ProMS), which provided additional functionality; the upload of data from ProMS to FLS, which took place in real time; and new interfaces, which provided feedback on supply status and external expenditures. A personnel and payroll module of ProMS for national staff was introduced at field offices.

Information management and technology

67. The governance structure for business processes and systems was strengthened with an interdivisional Operations Group working to systematically address and implement systems issues. Information technology (IT) systems event monitoring was expanded to incorporate the global virtual private network and the entire range of systems servers at headquarters. Inventory collection tools, which gather

configuration data on servers and clients, were also piloted to improve asset management and provide troubleshooting support for the help desk. An enterprise management solution for monitoring ProMS and e-mail at every field office was developed to better support IT functions in the field.

68. The UNICEF Intranet has improved staff access to technical information related to the MTP priorities, including: structured access to current professional literature; information on implementation of the Convention on the Rights of the Child and the Global Movement for Children; the corporate calendar of events; programme experience; and self-paced online training. Records indicate a 100 per cent increase in the use of the Intranet over the previous year, averaging 200,000 queries per month by year-end, with hits generated from field locations now outnumbering those from headquarters. Use of the UNICEF web site has also increased by about 50 per cent in 2000, with 3 million hits per month. The Extranet has also continued to grow both in terms of content and usage.

69. Progress has continued on the implementation of the Global Internet Protocol (IP) Network, which provides access to ProMS, the help desk, Internet and Intranet, and e-mail. Fifty countries are currently fully operational on the network, with another 19 in the process of being connected. The UNICEF strategy of outsourcing a managed data network service has enabled costs to be contained in the face of rapid technical change, human resources requirements and the exponential growth in network traffic.

70. Coordination with other agencies for telecommunications continued in 2000, with UNICEF chairing the Special Interest Group - Telecommunications Advisory Group. Wireless and emergency capacity-building have been enhanced at headquarters and implemented in four regional offices. Regional emergency telecommunication assessments are being undertaken, and security communications are being enhanced in all offices.

IV. Income and expenditure

71. There was a significant shortfall in regular resources income in 2000 compared to the regular resources funding target in the 2000 financial MTP. Despite the overall growth in total resources, the continuing stagnation in regular resources is of serious concern. Regular resources are the foundation for UNICEF country programming that give the organization staying power, longevity and continuity. UNICEF recognizes that other resources are needed for expanding the reach of country programmes, and ensuring the capacity to deliver critical assistance to children as well as interventions in humanitarian crises. However, substantial increases in other resources cannot replace regular resources. Thus, it is crucial to find a balance between regular resources and earmarked contributions that will safeguard the essence of the organization. With the overall balance between regular resources and other resources reaching a low of 49 per cent in 2000, reversing this trend remains a top priority for UNICEF.

72. In 2000, total regular resources contributions from Governments amounted to $343 million, $1 million less than the $344 million received in 1999. Thirteen Governments of OECD/DAC increased their regular resources contributions to UNICEF compared to 1999, while three Governments decreased their contributions and six maintained theirs at the same level. The United States, which remains the

largest government donor to regular resources, increased its contribution from $105 million in 1999 to $110 million in 2000. Annex II shows the top 20 government contributors to regular resources in 2000.

73. Income for regular resources from the private sector amounted to $165 million, $42 million lower than the record income in 1999. The decrease was due primarily to the negative impact of the strong United States dollar and a drop in card sales volume caused by growing competition, slower than planned growth in sales channel expansion and the unfavourable economic climate in major markets. The Japan National Committee for UNICEF was the largest National Committee contributor to regular resources in 2000 ($68.2 million). The top 20 National Committee contributors to regular resources in 2000 are also shown in annex II.

74. At the pledging event held in January 2001, 66 Governments (28 donor and 38 programme Governments) pledged or indicated tentative pledges to UNICEF. Pledges/indications for 2001 regular resources amounted to $346 million, $3 million more than total government regular resources income for 2000. Forty-nine Governments gave firm pledges, with more than one quarter of them increasing their contributions in 2001, and seven were OECD/DAC members. Thirteen Governments, three of them OECD/DAC members, increased their contributions by 7 per cent or more. It should be noted, however, that these pledges and indications, which are mainly in currencies other than United States dollars, do not always translate into increases in income due to the continued strength of the United States dollar.

75. Predictability has increased slightly compared to 2000. A total of 15 Governments indicated a payment schedule for their 2001 regular resources contributions. In addition, 30 Governments indicated future year pledges, of which 6 are OECD/DAC members.

76. In accordance with Executive Board decision 1999/8 on the resource mobilization strategy, UNICEF held 15 formal and informal consultations with donor Governments during the year 2000 on various aspects of cooperation, including core financial support.

77. Other highlights of financial performance in 2000 compared with 1999 are listed below:

(a) Other resources contributions from Governments for regular programmes increased from $217 million in 1999 to $251 million in 2000, an increase of 11 per cent;

(b) Total contributions for humanitarian emergencies received from Governments increased from $126 million in 1999 to $131 million in 2000, an increase of 4 per cent;

(c) Income for other resources, which includes revenue from private sector fund-raising appeals, and contributions from organizations such as the United Nations Foundation and Rotary International, amounted to $201 million compared to $187 million in 1999;

(d) Total income increased from $1,118 million in 1999 to $1,139 million in 2000, representing an increase of $21 million (2 per cent). Total income in 2000 was also $27 million (2 per cent) more than the $1,112 million total income projected in

the 2000 financial MTP. The *2001 UNICEF Annual Report* will list the contributions from Governments and the private sector by country;

(e) Total regular resources income - at $563 million - represented a decrease of $26 million (4 per cent) from the amount of $589 million received in 1999 and also projected in the 2000 financial MTP;

(f) Total other resources income of $576 million represented an increase of $53 million from the MTP projection of $523 million and $47 million (9 per cent) from income received in 1999. Regular other resources income amounting to $377 million was $45 million (14 per cent) more than 1999 and $14 million (4 per cent) more than the target amount of $363 million in the MTP. Total other resources income for emergency was $199 million, $39 million (24 per cent) more than the MTP amount of $160 million and $2 million (1 per cent) more than the amount of $197 million received in 1999;

(g) Total amount expended from trust accounts was $130 million, up from $45 million in 1999. The Oil-for-Food programme in Iraq accounted for the bulk of this, with disbursements in 2000 amounting to $100 million;

(h) Expenditure for management and administration amounted to $83 million, $6 million less than in 1999. At $295 million, expenditure on supplies and equipment was $17 million less than the expenditure of $312 million in 1999;

(i) Regular resources allocations to low income countries (LICs) increased by $47 million from $221 million in 1999 to $268 million in 2000. The share of LICs was maintained at 74 per cent, the same as in 1999. The amount of regular resources allocations to least developed countries (LDCs) rose from $132 million in 1999 to $176 million in 2000, an increase of 4 per cent;

(j) Allocations to sub-Saharan Africa grew from $111 million, or 40 per cent, in 1999 to $156 million, or 46 per cent, in 2000;

(k) At $1,111 million, total expenditure, including write-offs, is higher by $47 million, or 4 per cent, over the corresponding 1999 figure and lower by $3 million in comparison with the 2000 financial MTP. Total programme expenditure amounted to $1,021 million, an increase of 5 per cent compared to 1999. This total was comprised of $885 million, or 87 per cent, for direct assistance to programmes and $136 million, or 13 per cent, for programme support.

78. The breakdown of programme expenditure by major programme sectors is provided in annex III, figure I. As in previous years, the largest single share of UNICEF programme expenditure was in the area of health. In addition, continuing the past trend, a significant share of programme expenditure in 2000 was in the areas of basic education and water and environmental sanitation (WES).

79. The breakdown of programme expenditure by region is presented in annex III, figure II. Sub-Saharan Africa continued to receive the greatest share of UNICEF programme expenditure, which in 2000 amounted to $391 million, or 38 per cent of total spending. This represents an increase of $52 million, or 15 per cent over the corresponding amount of $339 million in 1999.

80. Annex IV shows the breakdown of UNICEF programme expenditure in 2000 in countries classified according to gross national product (GNP) per capita and the level of under-five mortality. As in previous years, the major portion of UNICEF

resources continued to be made available to and spent in the 63 LICs with a per capita GNP of $785 or less. These countries — which have a total child population of 1.3 billion, or about 69 per cent of all children worldwide — received 67 per cent of the total programme expenditure, which was 1 per cent higher when compared to 1999.

V. Towards an effective performance management system

81. In 2000, UNICEF advanced several strategically important aspects of the performance management system described in the MTP in order to bring all the elements together into a comprehensive system. The country programme recommendations (CPRs) approved by the Executive Board in 2000 were developed with reference to the MTP priorities. Updated guidance for the preparation of CPRs was issued in 2000. Revised guidelines on country programme management plans (CPMPs) were developed in late 2000 and issued in January 2001 based on a review of recent CPMPs. The revised guidelines aim to greatly reduce the amount of work required to produce a CPMP, while enhancing the document's usefulness as a management tool.

82. Headquarters divisions and regional offices began implementation of their second cycle of OMPs in 2000. Prioritization and objective setting in divisional OMPs saw only limited improvement in 2000. The OMP reporting and review process was further streamlined in 2000. The technical review team established by the Office of the Executive Director noted that the OMPs tended to be detailed work plans rather than concise expressions of strategic intent. The team noted that the quality of year-end reviews at headquarters divisions was also mixed. Following the technical review team's report, an executive directive was issued in December 2000 instructing headquarters divisions to focus their revised OMPs on the flagship events of 2000: the launch of the Global Movement for Children; the Special Session on Children; and the development of the MTSP for 2002-2005.

83. Performance monitoring through regular attention to a few strategically selected programme and operations indicators is becoming increasingly common throughout UNICEF. At headquarters, monitoring of programme performance in 2000 focused on the use of CPMPs and annual management plans, the quality of the mid-term review (MTR) processes, and the mainstreaming of a rights-based approach into country programmes. Most regional management teams (RMTs) now regularly receive and review summaries of country office performances profiled by some 5-15 indicators, depending on the region. In 2001, UNICEF will focus on drawing together the performance monitoring initiatives of individual regions in order to identify core performance indicators. An area of relative weakness, however, is the type of guidance given to country offices whose performance against given indicators is unsatisfactory.

84. UNICEF capacity to report on the utilization of funds for specific programme areas advanced in 2000 through the adoption of a revised coding structure for the programme information database. UNICEF will now be able to respond to requests for information on expenditures against MTP priorities at both programme and activity levels.

85. During 2000, a fundamental review and upgrading of the evaluation database was launched. An independent review of the system and a user survey were

conducted. The new system, designed to be more responsive to the expectations of UNICEF staff and more modern in terms of technology, will be developed in 2001.

86. During 2000, MTRs have become more evaluative and systematic, often yielding important modifications to country programmes. (See the regional reports on MTRs and major evaluations of country programmes (E/ICEF/2001/P/L.50-E/ICEF/2001/P/L.56).) In general, MTRs were highly participatory, involving Governments, NGOs and international partners at national and sometimes subnational levels. Some Executive Board members have expressed concern that some MTRs may have been too large and costly. Maintaining a balance between the demands of widespread ownership, in-depth assessment and high-quality reporting on the one hand, and programme implementation on the other, is a challenge to which UNICEF country and regional offices became more sensitive in 2000. Procedures for joint MTRs were developed in 2000 by a United Nations Development Group working group and are being piloted by United Nations country teams in Kenya, Madagascar and Romania. The purpose of the joint MTR is to assess progress towards the objectives of UNDAF and to propose necessary changes.

87. The annual reporting process has played an important role in strengthening capacity to report on results. Country offices' reporting on results - as opposed to reporting on activities - improved somewhat in 2000, although there is still room for improvement. Some offices still found it difficult to focus their reporting on areas of greatest significance. However, sustained attention to prioritization is having an effect on how programme decisions and progress reporting are addressed.

88. The Office of Internal Audit (OIA) issued self-assessment guidelines to all field offices in 2000, and the use of the guidelines is reported to be good. There has been a marked increase in the involvement of staff in the review of audit reports within field offices in recent years. Most of the field offices that were audited in 2000 reported the establishment of staff committees and the development of voluntary action plans to address the audit recommendations. In 2000, OIA surveyed over 30 field offices audited in 1998-1999 to assess their views on the effectiveness of OIA's audit report structure. The feedback resulted in a revised audit report format.

89. The re-establishment of an additional post, dedicated to programmes and strategic planning, at the level of deputy executive director has significantly strengthened UNICEF capacity in results-based management, including strategic planning and the more strategic use of the evaluation function. The MTSP for 2002-2005 is being developed through a greatly expanded process of consultations, encompassing headquarters, RMTs and field-based staff.

VI. Conclusion

90. The principal changes in UNICEF activities in 2000 were the increased focus on assessments of progress towards the end-of-decade goals of the World Summit for Children and preparations for the flagship events of 2001, notably the Special Session on Children, the launch of the Global Movement for Children and the MTSP for 2002-2005. This change in emphasis is evident in the activities undertaken under the programme, data collection, and partnerships and alliances core results areas of the MTP. Otherwise, activities continued to be targeted at achieving the objectives

of the MTP within the context of the end-decade goals of the World Summit and the Convention on the Rights of the Child.

91. The range of UNICEF partnerships and alliances for promoting children's rights expanded further in 2000, encompassing new partners within Governments, civil society (including young people), international agencies and the private sector. While the expansion of partnerships and alliances is proving to be an effect way to leverage UNICEF resources for even greater outcomes for children, the mixing of UNICEF efforts with those of others raises important questions for the attribution of the results achieved. The MTSP for 2002-2005 will aim to provide clearer answers to the question of attribution within the context of results-based management.

92. The progress reported in previous years on a rights-based approach to programme cooperation was consolidated in 2000. Significant results for children were achieved through UNICEF programmes of cooperation in the fields of child survival, mortality reduction, micronutrient deficiencies, prevention of disability, basic education, adolescent development and participation, gender equality and protection.

93. Over 100 countries conducted household surveys to measure progress towards the World Summit for Children goals in 1999 and 2000, most of them with UNICEF support. The results are being used to reinforce further the world's most comprehensive and reliable database on children. Within UNICEF management and operations, attention was directed at the further refinement and rationalization of systems and business processes. Several aspects of the performance management system were advanced over the year.

94. A key challenge that UNICEF faces in 2001 is to ensure adequate follow-up to the important initiatives of 2000. In particular, ensuring the success of the Special Session for Children and the Global Movement for Children in 2001 and beyond will be priority tasks. Further strengthening the culture of results-based management is another long-term priority for UNICEF, especially in the context of increased partnerships and alliances for children.

Annex I A

MEDIUM-TERM PLAN PROGRAMME PRIORITIES: SUMMARY RESULTS MATRIX*

* The expenditure estimates for programme priorities shown in this summary matrix are approximate and do not include general or otherwise unattributed advocacy, programme support, cross-sectoral and emergency-related expenditures, which are often supportive of specific priority areas. Relatively small areas of programme expenditure which do not fall within the MTP priorities are also not included.

Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
1. Reducing young child mortality and morbidity **Estimated expenditure: $ 375 million**			
1.1 Achieve high immunization/ vitamin A supplementation coverage			
UNICEF supported national immunization programmes in 113 countries through activities including capacity-building, cold-chain maintenance, vaccine procurement and social communication.	Routine immunization levels remain stable at 90% or above in 40 developing countries and between 80–89% in a further 27 developing countries.	Poor access due to instability continues to be the primary constraint faced by immunization programmes and campaigns despite some successes with "days of tranquillity".	WHO is UNICEF's main international partner for support to national routine immunization activities.
Promotion and support of NID campaigns for polio eradication.	NIDs held in 53 polio-endemic or high-risk countries, with a continuing decrease in the number of confirmed polio cases from over 7,000 in 1999 to 2,800 in 2000. In the majority of countries there are multiple annual NID/SNID campaigns. Synchronized multi-country NIDS took place in West Africa. The WHO Western Pacific region, which includes China, declared polio free in 2000; but recent cases in the Dominican Republic and Haiti underscore the importance of continued vigilance.	Achieving an appropriate balance between routine and campaign immunization programmes remain difficult in some countries. Cross-border synchronization of campaigns increasingly recognized as key to the success of the global programme. Global shortage of OPV and other supply problems cited as a constraint in several countries.	Support to national immunization efforts of the Polio Eradication Initiative is headed by UNICEF, WHO, CDC and Rotary International, with key contributions from the Government of Japan, the Gates Foundation and others.
Promotion of vitamin A supplementation.	Vitamin A distribution in 70 countries, through NIDs	Phasing out of NIDs/SNIDs has reduced	CIDA and the Micronutrient

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
	(in 49 countries), measles vaccination campaigns (10 countries), micronutrient campaigns, child health days or food fortification.	vitamin A coverage in a few countries. Also, in a majority of countries with high coverage, delivery of a second dose remains problematic.	Initiative are key international partners for support to national vitamin A interventions.
1.2 Support special measles control activities in countries with high morbidity and mortality			
Support provided to measles campaigns in 51 countries.	Support was focused on high-density, low-coverage and marginalized areas and groups, including the Amazon districts in South America, slums in South Asia and West Africa, the Roma in Europe, and children displaced by natural disasters and instability. Increased vaccination coverage reported in India, Kenya, the Lao People's Democratic Republic, Uganda and elsewhere.	Inter-agency (UNICEF, WHO and UNHCR) and intersectoral (multiple government ministries) collaboration were of key importance during measles and other immunization campaigns for earthquake victims in Turkey.	WHO, CDC and ICRC are important partners with UNICEF in collaboration on the Measles Eradication Initiative with Governments.
1.3 Support intensified neonatal tetanus control activities			
Activities included support to policy and strategy development, routine vaccination, health education and training of birth attendants in 71 countries.	Intensification of activities directed towards women of child-bearing age in high-risk districts and groups of women such as garment workers in Cambodia.	The campaign approach to reducing neonatal tetanus was shown to be effective in a recent study in Ethiopia.	Major international partners include UNFPA, WHO, the Gates Foundation and UNICEF National Committees.
1.4 Support the Integrated Management of Childhood Illness approach			
Major activities were training of health professionals, development of training and information dissemination material, and support to community-based health	UNICEF is now supporting community-based health and nutrition programmes in 70 countries, most of which incorporate the IMCI approach. There was a significant expansion of activities in a number of	Follow-up training programmes on the community-based approach are important for ensuring sustainability.	Key international partner is WHO. UNICEF is supporting the

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
workers.	countries in 2000, notably in Southern Africa.		integration of community-based approaches in health SWAPs and is promoting new partnership networks with CSOs at the national level.
1.5 Malaria prevention and treatment			
Supply and promotion of insecticide-treated bednets, the supply of anti-malarial drugs, surveys and assessments, the promotion of community-based control measures and support to policy development.	The number of countries where UNICEF is promoting the use of treated bednets has increased to 37, mainly in sub-Saharan Africa. Increased community capacity for prevention activities and access to drugs and treatment. Improved regional treated bednet procurement efficiency in Southern Africa through the refinement of specifications and the identification of quality manufacturers in five countries.	UNICEF programme evaluations in Southern Africa have highlighted the need for improved information and education campaigns for bednet demand creation, and for micro-credit programmes for the poor.	The international Roll Back Malaria partnership comprises UNICEF, WHO, the World Bank and UNDP. Alliances are being strengthened with the private sector for local manufacture and social marketing of bednets.
1.6 Reduce mother-to-child transmission of HIV/AIDS			
UNICEF supported initiatives that provided care to pregnant mothers and reduced the transmission of HIV to their newborn babies through activities including information campaigns on HIV prevention; training of health care workers; voluntary	UNICEF now supports pilot programmes and studies, and promotes or facilitates the launch of Government-led MTCT programmes in some 30 countries, including in transitional regions for HIV/AIDS, e.g. CEE/CIS. Some 35,000 women being reached through access to services, testing,	Consensus-building among partners and Governments informed by global and local research and pilot projects is a critical step in developing national programmes. Programming constraints include anti-	UNAIDS, WHO and CDC.

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
and confidential testing and counselling; quality antenatal and post-natal care; anti-retroviral drugs; and support to HIV-positive mothers on feeding options.	counselling and/or therapy. UNICEF advocacy is leading to new policies and plans in countries such as Mozambique, while in Botswana pilot projects are now being scaled up for nationwide coverage.	retroviral drug costs and poor access to clean water.	
1.7 Introduction of yellow fever, hepatitis B and Haemophilus influenzae type B vaccines			
The GAVI Alliance has committed $300 million for new immunization programmes in 23 countries over five years (out of 38 proposals received to date from the 74 qualifying LICs).	Special complementary funds from UNICEF global set-aside provided to 34 countries used to procure new vaccines, support national immunization programmes and assist in GAVI proposal processes. UNICEF supported the introduction or continuation of hepatitis B vaccination programmes in 12 Pacific Island countries and 10 other countries. In China, strong advocacy efforts resulted in a new policy priority for hepatitis B.	External support from UNICEF and partners is still required to support Governments' efforts on information gathering and plan development.	The GAVI partnership includes the Gates and Rockefeller Foundations, WHO, UNICEF and the World Bank. Other key partners are CDC, and the Governments of Denmark, Italy, the Netherlands, Norway, the United Kingdom and the United States.
1.8 Improved access to safe water and proper sanitation, and hygiene promotion			
Support to national water and sanitation programmes in 78 countries.	The Global Water Supply and Sanitation Assessment 2000 reported increases in water and sanitation coverage over the last decade, but coverage in Afnca remains low.	With falling other resources availability and staff levels, some UNICEF offices in Africa are unable to continue to support key water interventions and advocacy while making the transition to hygiene- and sanitation-	DfID is a key funding and implementation partner, supporting major UNICEF-assisted national WES programmes in South Asia and

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
Promotion and support of environmental sanitation, hygiene education and behavioural change.	Most WES programmes now focus on sanitation and hygiene. School sanitation and hygiene education programmes are now supported in 36 countries, and are increasingly integrated into UNICEF-supported education programmes, particularly in Africa, East Asia and the Pacific.	focused programmes. Low levels of government and ODA support for clean water investments are also often a major constraint. School sanitation and local management of water supplies provide important opportunities. Opportunities exist for convergence of WES programmes with other initiatives for (early) child survival and development, but these require resources, policy commitment and coordination across sectors and disciplines.	elsewhere. UNICEF is active in key sectoral and cross-sectoral reform efforts and in alliances with WHO, the World Bank, UNESCO, the private sector and donor agencies.
Support to national water quality monitoring, surveillance and amelioration, as well as information, advocacy and awareness-raising on water quality issues.	Specific water quality programmes now supported in 30 countries in Asia, Africa and the Americas. Major arsenic mitigation programmes in Bangladesh, India and Viet Nam, testing and other activities in an additional seven countries, including new programme under way in China.	Lessons learned in Bangladesh on responding to arsenicosis have been applied successfully in Viet Nam, allowing UNICEF and its partners to develop effective programme responses.	UNICEF participates in arsenic and water quality networks that involve the United States and British Geological Surveys, IAEA, universities, NGOs, WHO and the World Bank.
1.9 Support to guinea worm eradication			
In the 13 countries with endemic villages, UNICEF supported water point construction and rehabilitation, surveillance, case containment, training, and/or vector control activities. In an	Cameroon, Chad and Senegal are close to eradication, with zero cases in 2000; eradication certification issued for India. From 1999, more than a 50% reduction in indigenous	Instability in Sudan, which had 74% of all cases in 2000, constrains achievement of global eradication in the very near future.	Key partners in the guinea worm eradication effort are Global 2000 of the Carter Center, UNFIP and the World Bank. A major investment to

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
additional four countries which are no longer endemic, support to surveillance activities continued.	cases in five countries, and some reduction reported in an additional six countries.		the effort is also being made by the Gates Foundation.
1.10 Reduction of child malnutrition through community-based approaches			
Main activities supported were the promotion of exclusive breastfeeding, micronutrient supplementation, timely and adequate complementary feeding, and growth monitoring and promotion (see also Programme priorities 2.2 and 7.3).	Significant reductions in child malnutrition reported in only three countries (Cambodia, China and Nepal) and minor reductions in another nine countries. Expansion by Governments and partners of successful UNICEF-supported community-based nutrition pilot programmes in Ethiopia, Nepal and Sri Lanka.	China reports that the reductions in malnutrition are more attributable to economic growth than to nutrition interventions.	UNICEF works closely with WFP in the area of nutrition and is promoting the integration of community nutrition approaches in SWAPs. Other key partners include CIDA and USAID.
2. Improving early childhood care for child growth and development **Estimated expenditure: $ 15 million**			
2.1 Access to ECD services			
62 UNICEF country offices are now supporting ECD-specific programmes and activities, and an additional 14 are developing plans to do so. Support provided to parents through "better parenting" outreach programmes and media campaigns, mother and parent	ECD studies and surveys completed in 21 countries to provide improved information for planning. Improved access to quality care information and support networks for parents in 27 countries through outreach programmes, including special programmes in Jordan, Namibia, Nepal and Peru to promote	Funding shortfalls for ECD programmes reported by several UNICEF country offices. The coordination and integration of institutional, community- and home-based ECD activities is increasingly seen as a necessary step towards increased	Key United Nations partners for promotion of integrated ECD include the World Bank and UNESCO. Important funding partners also include USAID, CIDA, SIDA and the Government of the Netherlands.

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
training programmes, home-based ECD initiatives, and support to community-based parenting networks and centres. In 35 countries, UNICEF promoted increased access to and the quality of collective child care, with a focus on marginalized communities. Advocacy and programme support to address children's right to recreation and play. Support to awareness-raising among policy makers, and training programmes for child-care professionals in 49 countries.	fathers' child-care role. Increasing involvement of child-care professionals in home-based care through initiatives such as UNICEF Namibia's mentoring programme. Access to and the quality of day-care centres and pre-schools improved through training, curriculum development and improvement of the physical caregiving environment. Training provided in a wide range of areas, including psychosocial counselling, participatory methodologies, health care and curriculum development. In Nepal, a B.Ed. course with a major in ECD was developed, with a UNICEF-supported scholarship programme.	programme effectiveness. Improved indicators for ECD monitoring seen as key for quality assurance of programmes. The importance of play for young children's development still not widely accepted in many countries. As shown in Eastern and Southern African countries, ECD initiatives with communities strongly affected by AIDS should integrate HIV prevention, infant feeding, care and psychosocial development with health and nutrition interventions	SCF is an important NGO partner in the area of ECD. UNICEF is developing new partnerships for ECD with the YWCA, the Soros Foundation Network in Central Asia and Europe, and the Caribbean and Inter-American development banks in the Caribbean.
2.2 Convergence of child health, nutrition and psychosocial and cognitive development			
Support to Governments on ECD policy development and reform. Explicit promotion of convergence within government ministries and UNICEF programmes of support in 21 countries.	National ECD policy and legislative documents drafted in Cameroon, Costa Rica, Cote d'Ivoire, Jamaica and Jordan. New comprehensive bill on ECD signed into law in the Philippines. Pre-school education reform ongoing in the Republic of Moldova and Romania. In India, a more widespread	Coordination among sectors for integrated ECD approaches remains weak in many countries. Successes in policy and legislative commitment for convergence must be	Capacity-building of national and community civil society partner networks continues to be an important part of UNICEF programming efforts in ECD, and increasing efforts

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
	consensus has been achieved on the need for prioritization of actions for children below two years of age in all major programmes.	complemented by explicit programmes to promote and ensure application at the operational level.	are being made to ensure the integration of the priority needs of young children in SWAPs and PRSPs, and in local government programmes.
Continued support to BFHI through advocacy and information dissemination, training, technical assistance for the accreditation and monitoring processes, and improving conditions in baby-friendly wards.	The number of baby-friendly hospitals increased slightly in 2000 to 15,030. Seven countries certified hospitals for the first time. Improvements in the rates of exclusive breastfeeding were reported in 10 countries.	To ensure the sustainability of BFHI, Governments, UNICEF and partners must commit to long-term support through monitoring, training, continued support to legislative reform, and the promotion of participation by families and communities.	
3. Preventing childhood disability **Estimated expenditure: $ 13 million**			
3.1 Preventing childhood disability and reducing its impact			
Support to major campaigns for the eradication of polio, prevention of measles, guinea worm eradication and the distribution of vitamin A.	Programmes in 113 countries. (Details included under Programme priority 1.)		Extensive partnership networks exist for salt iodization with national producers associations, local companies and international companies such as Unilever.
In 74 countries, UNICEF supported the iodization of salt and promoted its use for the prevention of IDD through media campaigns and other demand creation activities, surveys and feasibility studies,	The global consumption of iodized salt is now 72%. Reported increases in production and/or consumption levels of iodized salt in 16 countries, including achievement of 90% level in China; high levels maintained in other countries.	The inclusion of small-scale and traditional salt manufactures should be increasingly prioritized to achieve universal iodization in countries such as Indonesia, where the rates of increase in consumption levels are	WFP, UNDP, Kiwanis International and the Government of the

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
training, quality surveillance and assurance, and technical support. In India, UNICEF is pursuing studies in four states on the effect of the discontinuation of the nationwide ban on the sale of un-iodized salt in 2000. (The ban remains in force in most states.)	Goitre rate declines reported in Bangladesh and Jordan, as well as Eritrea, which earlier reported significant reductions in the prevalence of low urinary iodine excretion. 11 countries reported progress on salt iodization-related legislation and policy development.	stagnating. Special efforts are needed in regions with the slowest progress (West and Central Africa, CEE/CIS) and for major population pockets not yet using iodized salt (e.g. in China).	Netherlands are among the key partners supporting national IDD prevention efforts. Agreements recently signed with the Gates Foundation and USAID. Important international partners include SCF, Radda Barnen and UNICEF National Committees.
Mine awareness promotion programmes were supported in 24 countries. Advocacy and the encouragement of policy dialogue on the rights of disabled children, their de-institutionalization when appropriate, and their inclusion in civil society and government programmes. Support provided to government and national partners focused on the mainstreaming of disabled children into education and other programmes through activities such as the training of pre-school and primary teachers in recognizing and	Some evidence of increased mine awareness and/or a decrease in mine casualties in Albania, Angola, Cambodia, Nicaragua and Sri Lanka. Progress has been made on the development of new government policy and legislation that protects the rights of disabled children in Chile, Lebanon, Romania, South Africa, The former Yugoslav Republic of Macedonia, the West Bank and Gaza, and Yemen. UNICEF is now implementing specific programmes and activities to reduce the impact of childhood disability in 43 countries worldwide, including community-based approaches.	Difficulties reported in translating political commitment to action on the ground due to a lack of resources and facilities and to low awareness levels among teachers, parents and subnational government authorities. Teacher-training programmes on meeting the needs of disabled children should include modules on child rights in addition to technical modules on care and recognition.	UNICEF is supporting nascent alliances at the national level with national disabled peoples' organizations and lobby groups.

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
meeting the needs of disabled children, the development of training modules for education and health care workers, and the promotion of community- and family-based services for disabled children. In Central Asia, UNICEF provided support to help ensure that children under five years of age are better prepared for school through stimulation and rehabilitation therapy. Sponsorship and dissemination of studies and surveys on childhood disability in 11 countries.	In Bosnia and Herzegovina, Lesotho, Viet Nam and elsewhere, increased numbers of children with disabilities have been given access to relevant and individualized educational services within regular primary schools. Successful community-based rehabilitation projects in Jordan and Oman have become part of national policies and programmes. Increased information available nationally for public education, advocacy and programme planning.	Programmes to promote the principle of tolerance and acceptance of diversity, such as a UNICEF-sponsored workshop in the Republic of Moldova for young people on children in wheelchairs, are important for long-term behavioural change. Lack of data on children with disabilities continues to be a constraint.	

4. Improving access to and quality of basic education Estimated expenditure: $ 113 million			
4.1 Increase enrolment in countries where net enrolment rate are less than 50%			
UNICEF continued to focus on reaching children excluded from national education systems through enrolment drives, policy dialogue on the reduction or elimination of school fees, support to scholarship	Although it is difficult to assess the extent to which enrolment rates have been affected by UNICEF and partners' efforts in 2000, nine countries reported increased enrolment rates and others reported positive developments such as new legislation on	Main causes of low enrolment rates reported in 2000 were poverty and child labour, social inequity, low teacher salaries (resulting in strikes and shortages), and civil instability and crisis.	The EFA and Dakar Forums processes have resulted in new and invigorated collaborative frameworks at the country level with national

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
programmes, community school and multigrade classroom initiatives, and improving the school environment. UNICEF is following up on the 2000 Dakar World Education Forum and Framework for Action through continued EFA advocacy and information dissemination and through support to institutional development, resource mobilization, partnership formation, and monitoring and assessment systems. UNICEF was active in the area of basic education in 139 countries worldwide.	free primary schooling. In the 46 countries where UNICEF supported schools directly (through pilot projects and emergency interventions), 9,900 schools were rehabilitated, re-equipped and/or benefited from special initiatives to improve the quality of the learning environment. In many countries where UNICEF supported improvement of learning quality, complementary communication and advocacy strategies were used to increase parents' demand for children's/girls' participation in school.	In Southern Africa, AIDS is increasingly affecting enrolment rates, causing a shortage of teachers, an increase in drop-out rates and a decrease in girls' enrolment (as girls stay home as caregivers). Even in countries where overall enrolment rates are high, major disparities continue – poor, indigenous and rural children continue to be denied their right to education.	authorities, UNESCO and other education partners. UNICEF's implementation and funding partners included national Governments, UNESCO, UNFPA, the United Nations Foundation, the World Bank, regional development banks, the Governments of Italy, the Netherlands and Norway, USAID, AusAID, JICA, DfID, CIDA, SIDA, SCF, ICRC, CARE, Concern and UNICEF National Committees. New partnerships for EFA with the private sector reported in Brazil, Equatorial Guinea, India and Turkey.
4.2 Action to give further priority to girls' education			
In 59 countries, UNICEF supported initiatives to encourage increased enrolment and retention of girls in schools, including: support to policy development; education campaigns for parents and	In 22 countries, UNICEF offices reported an increase in girls' enrolment and/or retention rates, either nationally or in specific regions, partially as a result of UNICEF advocacy and programming support.	Constraints specific to girls' education include conflict-related insecurity, early marriage and child birth, social resistance to girls' education, home labour and distance to schools.	Five countries have submitted new proposals for funding under the African Girls' Education Initiative.

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
community leaders; special initiatives such as role model and "second chance" programmes; and improved girl-friendly school environments (including the provision of separate toilets for girls).	Innovative approaches introduced in many countries, such as "girl-friendly schools" (Cameroon) and coaching of female teachers (Eritrea).		
4.3 Action to improve the quality of education and of the learning environment			
UNICEF supported the development and implementation of training programmes for trainers, teachers and education administrators in areas such as child-centred learning and participatory teaching techniques, gender-sensitive curriculum implementation and continuous learning assessment. Support to improving the school environment through broadly-based programmes involving nutrition, water and sanitation, and health.	In the 52 countries where UNICEF supported training directly, a total of 270,000 teachers and principals participated in training programmes. In these and other countries, far more teachers were reached – and the quality of education improved – through UNICEF support to national curriculum reform and the development and distribution of learning and teaching resources.	Teacher-training programmes most effective when complemented by training and orientation of principals, administrators and inspectors. Realizing the need for greater emphasis on quality, UNICEF is now supporting more learning achievement surveys and systems for monitoring outcomes and promoting the quality of education.	New alliances and partnerships at the local level, including in the context of SWAPs, are becoming an increasingly important feature of UNICEF support to education programmes. Partners include community and traditional leaders, parent groups, school boards and non-formal school associations.

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
5. Improving adolescent health and development — **Estimated expenditure: $ 4 million (not including related expenditures focused on adolescents within other programme areas and categories, such as advocacy, communication and situation analysis)**			
5.1 Respond to the health and development needs of children in their second decade of life			
UNICEF now supports programmes that address the needs, develop the capacity, and encourage the participation of young people in 103 countries. Promotion of a safe and supportive environment for adolescents through the dissemination of information on child rights and the promotion of a more positive image of adolescents in Government, civil society and the media. Support to improvements in the quality and availability of youth-specific services, with a focus on youth-friendly health and counselling services, and support to youth-specific institutions.	Although UNICEF is now supporting adolescent health and development in the majority of its country programmes, most activities were initiated relatively recently and have yet to show significant demonstrable results. In 24 countries, UNICEF activities have helped to improve access to and the quality of youth-friendly health services, including HIV/AIDS clinics, counselling and hot-line services, and teen pregnancy centres. Support provided to institutions such as boarding schools, detention centres, half-way houses, schools for young mothers, and cultural and athletic clubs.	Raising awareness of and policy priority for the rights of adolescents require a good information base, interaction with a wide range of sectors and social groups, and often the use of strategic "entry point" issues. The success of youth-friendly health services points to the expansion of the concept to include other issues of importance to adolescents, including legal and education counselling.	Important partners at the national level include Boy Scout and Girl Guide movements, national youth and student organizations, youth advocacy groups, cultural groups and the media. Capacity-building of national partners in the area of youth-friendly services and in programming for adolescents in general is an important part of UNICEF support. Major United Nations partners include UNFPA, UNAIDS, UNFIP and WHO; key donor partners are SIDA, USAID, DfID and GTZ; and international NGO partners

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
			include SCF, CARE and ICRC.
Promotion of healthy and safe lifestyle choices through multi-media information dissemination and peer-to-peer education techniques, with a strong focus on AIDS prevention, but also addressing other STDs, and tobacco and other drug abuse issues.	UNICEF supported capacity-building, and the development and delivery of peer-to-peer youth education programmes in 26 countries on health and lifestyle-related issues. Support provided to "breaking the silence" AIDS campaigns in 24 countries.	Existing infrastructure, notably the school system, provides good opportunities to reach youth with healthy lifestyle messages.	Partnerships and alliances among young people in different countries are promoted through special sessions of UNICEF's Voices of Youth web-based discussion forum and support to regional youth forums in the Americas, the Middle East, Southern Africa and West Africa.
Support to the development of adolescents' capacity to participate effectively in community and national democratic processes and development of new participation frameworks for youth.	UNICEF country offices supported the participation of adolescents in youth parliaments and the formation of youth clubs and networks, and encouraged the participation of adolescents in UNICEF programme planning.	Adolescents' participation in information dissemination programmes is potentially an effective strategy to counteract resistance to open discussions on sexual practices and AIDS on the part of national and community leaders and education professionals.	
Sponsorship of youth-specific KAP surveys and opinion polls, and support to the development of adolescent health indicators.	Improved availability of information and data for advocacy and planning.		

6. Protecting children from exploitation, violence and abuse Estimated expenditure: $ 46 million			
6.1 Elimination of child labour			
In 63 countries, UNICEF supported a range	New child labour legislation or national plans drafted	In countries with several agencies working	Key international partners are ILO

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
of activities, including the promotion of non-formal and alternative education opportunities for working children; school scholarships; awareness-raising campaigns; advocacy with Governments and employer organizations; training of labour inspectors and teachers; community-based interventions (including micro-credit programmes for female-headed households); and a variety of studies and surveys, including the eight-country ESAR rapid assessment on child labour.	(or ILO Convention No. 182 on the elimination of the worst forms of child labour was ratified) in 19 countries. UNICEF offices reporting a variety of programming and advocacy results, including: increased enrolment in schools by current or former child labourers; improved public and local government awareness; and improved data availability for advocacy and planning.	in the area of child labour, there is a need for joint goal and strategy definition and a consolidation of disparate projects into more comprehensive programmes. The AIDS pandemic has increased the number of orphans migrating to urban centres in search of work.	and the Government of Norway. National partners include NGOs, trade unions, chambers of commerce, the private sector, traditional and community authorities, and the media.
6.2 Reduction of the impact of AIDS and armed conflict on children			
UNICEF engaged in actions to reduce the impact of armed conflict on children in 38 countries, including mine awareness programmes for children in 24 countries (see Priority area 3). Support to AIDS prevention through life skills training and the promotion of healthy lifestyles in schools, and through improving access to youth-friendly health services.	Increasingly forthright "breaking the silence" campaigns in 24 countries and the use of other programme entry points for information dissemination on AIDS are resulting in increased awareness.	Support to Governments for policy and strategy development, such as is being provided by UNICEF in Mozambique, South Africa, Uganda and Zimbabwe, should be expanded in light of significant increases in the number of AIDS orphans (in Southern Africa, 11 countries reported such increases).	Key partners include UNAIDS, USAID, DfID, WHO, UNDP, UNMAS, ICRC and SCF. National and community youth organizations are increasingly central to collaboration for AIDS awareness-raising initiatives.

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
6.3 Prevention of sexual abuse and trafficking			
Support to public awareness-raising media campaigns, studies on the impact of sexual abuse, participation in the development of national and regional trafficking protocols, training of police and NGOs, and the formation of community surveillance systems through major programmes in South and South-east Asia and smaller programmes in most other regions.	Increased awareness among CSOs and government agencies is creating an improved environment for frank discussion, including in South and East Asia. Increased availability of counselling and support services for victims of sexual abuse and counselling.	Capacity-building of government and UNICEF staff necessary to create conditions to adequately address abuse, trafficking and other protection issues.	Partners include UNDP, UNFIP and the International Organisation for Migration. UNICEF is a partner in the United Nations Inter-agency Project against Trafficking of Women and Children, which is now under way in the Mekong subregion.
6.4 Reform of the juvenile justice system (emerging priority since adoption of the 1998-2001 medium-term plan			
UNICEF increasingly active in this area with programmes in 51 countries engaged in advocacy or programming based on the Convention on the Rights of the Child to encourage reforms in national juvenile justice systems.	20 UNICEF country offices reporting positive results from advocacy and programming efforts, including the introduction or amendment of laws to better protect the rights of children, opening of youth-friendly law clinics, freeing of children from prisons, improvements in the condition of juvenile detention facilities and the formation of high-level government juvenile justice steering committees.	Training of legal professionals in adolescent-specific issues necessary to complement advocacy with government and education programmes on child rights. Observations by the Committee on the Rights of the Child have helped to catalyse juvenile justice reforms and birth registration initiatives.	International partners include UNHCHR, the United Nations Centre for International Crime Prevention, SCF, Avocats sans Frontières (Lawyers without Borders) and the Danish Human Rights Centre. New partnerships are emerging at the national level with supreme court justices, police academies, national law associations, churches and NGOs.

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Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
7. Reducing maternal mortality and morbidity **Estimated expenditure: $ 36 million**			
7.1 Development of a "mother-friendly" environment			
Advocacy for increased resources and improved policy framework for maternal health, reinforced by support to the development of rights-based national safe motherhood policies and maternal death audit systems. Programming and advocacy to address underlying and related factors, including FGM, adolescent girl counselling and violence against women. Several new holistic "Women's Right to Life and Health" projects were initiated. Provision of technical advice, obstetric equipment, home and community birth kits, and/or maternal clinic rehabilitation in 58 countries.	UNICEF active in maternal health programmes and advocacy in 111 countries. Increasingly holistic advocacy, social mobilization and policy development efforts combining maternal mortality with key underlying issues. See Programme priority 8.2 on FGM. UNICEF-supported safe motherhood pilot programming in specific districts (usually in marginalized and high MMR regions) is being expanded through increased funding by partners and increased government contributions.	Malaria reported as an increasingly important factor in maternal mortality. Malaria prevention programmes (including the provision of impregnated bednets) in birth clinics should be accelerated. The need is also increasingly recognized for specific interventions to address post-partum care and pregnancies among adolescents.	UNFPA and WHO continue to be key partners for support to national programmes in the area of maternal health. Major funding partners include AsDB, the World Bank, AusAID, CIDA, SIDA, USAID, GTZ, the Government of Italy, and the Turner and Gates Foundations. Strategic alliances being developed with national midwives associations (EAPR), the Gates Foundation and Columbia University (South Asia), religious leaders (Indonesia), the Kenya Medical Research Institute and CDC, and with professional obstetrical and gynaecological associations (Sri Lanka).

Annex I.A

MEDIUM-TERM PLAN PROGRAMME PRIORITIES: SUMMARY RESULTS MATRIX

Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
7.2 Expand and replicate strategies and experiences that have successfully increased professional training of those attending births			
Promotion of community-based programmes to encourage attended births, including awareness-raising programmes, support to referral systems and micro-credit schemes. Efforts made to improve the quality of birth attendance through support for training and development of training material for skilled birth attendants for clinic and home delivery in 71 countries.	Public awareness-raising programmes in more than 40 countries. Behavioural change among professional birth attendants reported by specific countries promoting training related to the introduction of mother-friendly hospitals and clinics, including in Peru and Uzbekistan.	The existence of improved facilities and trained attendants do not automatically reduce MMRs. High costs for delivery and referral services continue to pose a serious constraint. UNICEF is responding in Bolivia, Cambodia, Liberia and Mali by promoting community loan and insurance schemes; in Ecuador by supporting the development of free motherhood legislation; and in China by combining inputs for improving health facilities, reducing hospital fees and communicating with families.	In several countries, significant United Nations coordination and collaborative programming initiatives are under way in the area of maternal health within the context of UNDAF.
7.3 Reduce low birth weight and perinatal mortality through the judicious use of food and nutrient supplements			
Increased programming to address anaemia and other contributing factors to maternal mortality, such as iron folate deficiency and malnutrition.	A total of 59 UNICEF country offices supported the distribution of iron folate and/or micronutrient supplements. UNICEF also now promoting and supporting iron fortification of commercial food in 14 countries for increased sustainability of anaemia reduction programmes.	Increased levels of maternal anaemia reported by MICS and other surveys in nine countries, mainly in Asia. Supply delivery and distribution problems delayed iron folate tablet distribution in some countries.	Partners in food fortification include ministries of health and commerce, Unilever (Ghana), national bread producers (Fiji), the Institute of Agronomical Sciences (Rwanda) and the Bread Association (Turkmenistan). Support for iron folate distribution is provided by

Annex I.A

MEDIUM-TERM PLAN PROGRAMME PRIORITIES: SUMMARY RESULTS MATRIX

Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
			the Governments of Canada and the Netherlands.
8. Preventing gender discrimination and promoting gender equality **Estimated expenditure: $ 19 million**			
8.1 Promote women's empowerment and their full and equal participation in all spheres of society			
Promotion of women's empowerment from a rights-based perspective using the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and other instruments. Support to Government and national CSO participation at Beijing +5 and other forums. Promotion of and support to gender mainstreaming in UNICEF-supported programmes through awareness-raising, analysis and training as major activities in at least 25 countries and in others as supporting activities/strategies. Advocacy for and support of efforts for the gender disaggregation of data in national	Production and dissemination of multi-media awareness-raising material, capacity-building of journalists, and support to legal reform efforts and advocacy groups. Major gender audits of UNICEF-supported programmes in Egypt and Nepal, and gender analysis skills workshops for UNICEF, government and partner staff. Several countries reporting better availability of gender-disaggregated data from MICS, DHS and government surveys. UNICEF supported micro-credit, income generation and vocational training for women and adolescent girls in 34 countries through special programmes or as components of education, health, nutrition and	UNICEF-supported programmes to promote women's empowerment and eliminate harmful practices are actively discouraged by state and traditional authorities in a few countries. There is a need not only to increase knowledge on gender issues at policy and programme levels, but also to promote the improvement of skills for gender analysis and the integration of gender issues in SWAPs and PRSPs. Changing gender socialization and stereotyping is crucial to the promotion of gender equality. Promising initiatives for the involvement of fathers in child-rearing and gender-sensitive parent education are being expanded from the initial seven countries. Meanwhile, the design of	Synergistic programming on gender through UNDAF and other frameworks is increasingly common, with examples in Egypt, Guyana, India, Malawi, Nigeria and the Philippines. Key United Nations partners include UNIFEM, UNFPA, UNDP and ILO. Gender subgroups of the UNDAF and United Nations theme groups on gender are important country-level modalities. UNICEF initiatives are supported by a range of donor partners, including the Government of the Netherlands and AsDB.

Annex I.A

MEDIUM-TERM PLAN PROGRAMME PRIORITIES: SUMMARY RESULTS MATRIX

Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
surveys and censuses. Promotion of the economic self-reliance of women. Support provided in 59 countries to encourage increased enrolment of girls in schools (see Programme priority 4.2).	WES programmes.	vocational training programmes for women should minimize tendencies to focus on "women's work", thus reinforcing gender labour stereotypes and employment patterns.	The United Nations Foundation is providing support for adolescent girls in selected countries.
8.2 Advocate an end to harmful traditions and prejudices regarding gender, including the ending of female genital mutilation and assistance to local advocacy groups			
UNICEF anti-FGM activities include support to NGOs and community groups, training and sensitization of TBAs, multi-media information campaigns, and the sponsorship of studies and surveys. Sponsorship and participation in studies on violence against women, early marriage and other harmful traditional practices by UNICEF country offices in 21 countries. Support to national and community-based awareness-raising campaigns on harmful traditional practices and violence against women in at least 15 countries. Advocacy	Some legislative and political successes reported in the 16 countries where UNICEF supports anti-FGM efforts. Documentation and advocacy on "honour killings" supported government action in Pakistan. Improved availability of data for planning, advocacy and awareness-raising. Recent studies in the Americas highlighting the high prevalence of domestic violence are being used to encourage dialogue on the issue.	Gender issues must increasingly be addressed if HIV/AIDS prevention programmes are to be effective. Continuing widespread acceptance of FGM hampers programming efforts in some countries. For example, in the Gambia, pro-FGM political pressure has severely impeded activities. Public anti-FGM statements by religious leaders and public ceremonies, such as the "handing in of knives" by ex-FGM practitioners in Guinea, are powerful advocacy tools if widely disseminated in	At the national level, UNICEF works closely with national women's organizations and other CSOs for the prevention of harmful traditional practices.

Annex I.A

MEDIUM-TERM PLAN PROGRAMME PRIORITIES: SUMMARY RESULTS MATRIX

Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
and programme action on delaying early marriage in eight countries. See also Programme priority 6.3 on activities related to the prevention of sexual abuse and trafficking.		the media. Involvement of young people, as in Eritrea, is also a promising approach.	

Annex I.B

MEDIUM-TERM PLAN PRIORITY FOR IMPROVING THE AVAILABILITY AND USE OF DATA IN CRITICAL AREAS: SUMMARY RESULTS MATRIX

Major activities/activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
Estimated expenditure in 2000: $41 million			
3 Improving the availability and use of data in critical area			
3.1 Develop indicators and tools for collection, processing, analysis and use of data			
MICS survey instruments ChildInfo	Completed data-processing software and documentation, and also model survey reports. Version 2 of software released.	Rationale for indicators and tools, and their strengths and weaknesses, need to be better communicated to users.	Governments, CDC, DHS, WHO, ILO and UNESCO.
3.2 Develop capacity for data collection and analysis			
MICS regional workshops MICS End-decade indicator databases	Regional workshops held on MICS data processing and on data analysis and report writing for national partners from over 50 countries. MICS carried out in more than 60 countries (8 in CEE/CIS, 7 in EAPR, 12 in ESAR, 8 in MENA, 6 in South Asia, 7 in TACR, 14 in WCAR). New global estimates of water and sanitation coverage produced. Databases for other key indicators under development.	UNICEF expertise in data collection and analysis, while improved, needs further strengthening in order to better support related capacity-building within countries.	Governments.

Annex I.B

MEDIUM-TERM PLAN PRIORITY FOR IMPROVING THE AVAILABILITY AND USE OF DATA IN CRITICAL AREAS: SUMMARY RESULTS MATRIX

Major activities / activity areas in 2000	Key results in 2000	Constraints and lessons learned	Partnership frameworks
3.3 Improve use and dissemination of data			
MICS reports ChildInfo The State of the Worlds Children and The Progress of Nations Situation analyses and research studies	Survey reports produced. Used to disseminate data on charts and maps in more than 30 countries. New reports on the situation of children worldwide. 30 country-level situation analysis reports completed, as well as many country-based research studies.	The MICS process has shown that an integrated approach to help countries fill data gaps has major benefits over numerous ad hoc studies.	Governments.

Annex I.C

MEDIUM-TERM PLAN PRIORITY FOR STRENGTHENING MANAGEMENT AND OPERATIONS: SUMMARY RESULTS MATRIX*

* Current coding for tracking expenditures does not permit aggregation of expenditure against this priority.

Priority area	Major activities/activity areas in 2000	Key results in 2000	Constraints and lessons learned
1. Improving human resources management			
1.1 Improve the quality of the work environment for all staff	Issuance of executive directive for review of staff morale and new policies on entitlements. Special reference group on staff morale convened. Training of 125 new ombudspersons at headquarters and in five regions. Booklets on stress management and related areas developed.	Increased staff participation in improving work environment and morale. Greatly heightened capability to address staff complaints and resolve disputes quickly. Too early to report results, but staff at hardship/emergency duty stations are expected to benefit.	Regular reviews needed at all levels. Trained ombudspersons are lost through rotation. Therefore, training should be continuous to ensure the availability of ombudspersons when the need arises.
1.2 Development of a career management system	Pilot projects to match career aspirations and training and development opportunities got under way in Indonesia and Nigeria.	Work in progress. Early results encouraging.	Indonesia was delayed due to management change over. 12 out of 14 countries which indicated an interest in participating in the pilot project dropped out due to time constraints. Need to pilot in small and mid-sized offices to develop stronger knowledge of workability of the project.
1.3 Enhanced effectiveness of human resources services	All regional human resources officer positions filled. Administration of education grant and rental subsidy integrated into DHR functions.	Improved human resources services.	

Annex I.C

MEDIUM-TERM PLAN PRIORITY FOR STRENGTHENING MANAGEMENT AND OPERATIONS: SUMMARY RESULTS MATRIX

* Current coding for tracking expenditures does not permit aggregation of expenditure against this priority.

Priority area	Major activities/activity areas in 2000	Key results in 2000	Constraints and lessons learned
	Internet-based web roster launched with database on qualified candidates from three headquarters divisions. Competencies and revised job descriptions published for operations and communications officers.	Improved search of candidates for consultancies and short-term employment. Improved interview skills of staff, resulting in better evaluation of candidates.	Web roster not widely used by offices. Action needed to increase awareness and use.
1.4 Improving human resources information management system	HRIS launched.	Headquarters staff now able to look up and verify their own information, including pay statements and pension funds.	System of permanent training capacity for new staff who need to learn IMIS needs to be developed and implemented.
2. Improving internal capacity and performance of supply functions			
2.1 Proactive leadership in immunization procurement to support UNICEF role in global immunization initiatives (polio, measles, GAVI, etc.)	Significantly increased contact with main industry partners at both executive (policy) and operational (planning and delivery) levels. Strengthened relationships with WHO and GAVI partners. Undertook extensive planning for the introduction of GAVI-funded vaccines.	Met vaccine supply targets for all NIDs despite continued limited OPV supply. Contracts for vaccines issued for three to five years, allowing for better planning. Tendering for GAVI vaccines built on improved relationships and experience of managing tight supply and delivery schedules.	Supply component must be part of initial programme planning for all immunization activities. Since demand for vaccines in the next three to five years is expected to exceed available supply, there must be continued close communication among UNICEF, the vaccine industry and WHO at all stages of procurement.

Annex I.C

MEDIUM-TERM PLAN PRIORITY FOR STRENGTHENING MANAGEMENT AND OPERATIONS: SUMMARY RESULTS MATRIX

* Current coding for tracking expenditures does not permit aggregation of expenditure against this priority.

Priority area	Major activities/activity areas in 2000	Key results in 2000	Constraints and lessons learned
			UNICEF must also increase internal capacity for production planning, logistics and product management.
2.2 Emergency response	Dispatched 42 charter flights of key supplies to major emergencies in the Horn of Africa, Great Lakes, Mozambique, Madagascar, East Timor and Russian Federation (for Chechnya).	Key supplies, such as therapeutic milk, medical kits, essential drugs, tents, water supply equipment, etc., delivered during first phase of major emergencies, with average 48-hour response time.	Inventory level and management must be balanced when serial emergencies result in key items being out of stock. UNICEF will assess levels of stockpiling at Copenhagen and examine the feasibility of regional stockpiling and sourcing.
3. Improving integrated management information systems			
3.1 ProMS implementation	P&P rolled out end of June 2000. Two ProMS releases issued. Ongoing support and development.	Payroll implemented at 72 locations. Increased functionality and information through external expenditure interfaces.	Complexity of system caused delays in development. Data cleansing issues and business support require strengthening for full functionality at all locations.
3.2 IMIS implementation	Development and implementation of HRIS.	E-payslip and electronic dissemination of advances and recoveries statements.	IMIS payroll not implemented pending United Nations solution in place.
3.3 FLS implementation	Upgrade to SAP R3.1(I). Upgrade of interfaces.	Ongoing user support and training. Initiate PSD catalogue on web. Automatic notification to vendors on payment.	Requirement for clear business specifications in order to optimize use of expensive application and external consultants.

Annex I.C

MEDIUM-TERM PLAN PRIORITY FOR STRENGTHENING MANAGEMENT AND OPERATIONS: SUMMARY RESULTS MATRIX

* Current coding for tracking expenditures does not permit aggregation of expenditure against this priority.			
Priority area	Major activities/activity areas in 2000	Key results in 2000	Constraints and lessons learned
	User support catalogue.	Change management process implemented.	
4. Improving information technology			
4.1 Creation of robust, secure and cost-effective network	Secure global IP network. Network service availability >99%. Strengthen emergency telecommunications.	44 offices on IP and additional 29 on order. 50 % cost reduction obtained from vendor. Contract for VSAT option established. Service-level management and quality of service management implemented. Telecommunications staff placed in four regions, and communications package/ office in a box created and tested in simulation exercise.	Importance of robust and secure network not well internalized across UNICEF, and overall strategy and security considerations need to be repeatedly reiterated.
4.2 Developing a set of integrated resource management systems to provide timely information on resource use and programme performance	Enhanced reporting.	Governance system defined and set in place for new reporting requirements. Regular reports distributed with owner division sign off. Business training needs and plan	Often issues are viewed as "systems" issues, and not as business aspects which are transacted through the systems. Hence, a plan was developed to dovetail training in systems and reporting tools with the planning and business training materials, to be implemented in 2001.

Annex I.C

MEDIUM-TERM PLAN PRIORITY FOR STRENGTHENING MANAGEMENT AND OPERATIONS: SUMMARY RESULTS MATRIX

* Current coding for tracking expenditures does not permit aggregation of expenditure against this priority.

Priority area	Major activities/activity areas in 2000	Key results in 2000	Constraints and lessons learned
		defined.	
4.3 Exploiting the Intranet and group work tools	Secure access to all locations. Stable infrastructure. Intranet – gradual roll out to field offices.	Upgraded infrastructure and web server migration. Hosting of 17 field office web sites in New York. Prototypes of standard field office database templates completed and corporate calendar launched.	
4.4 Internet initiatives to facilitate global advocacy and fund-raising	Provide Internet/Extranet e-commerce solutions.	Business strategy presented and developing pilot e-commerce solutions. Exploring corporate e-cards.	This is developed as a support element to National Committees, and business process will need to be reviewed and well defined.
4.5 Strengthening the IT infrastructure to support the above	Implementation of Enterprise Management. Basic security (firewall) and initial roll out to field offices. NT migration for headquarters.	Consolidation of help desk, service management and systems event monitoring implemented. Appliance firewall standard and plan for field offices set.	Change Advisory Board process initiated to ensure changes are planned on the infrastructure side.

MEDIUM-TERM PLAN PRIORITY FOR STRENGTHENING MANAGEMENT AND OPERATIONS: SUMMARY RESULTS MATRIX

* Current coding for tracking expenditures does not permit aggregation of expenditure against this priority.			
Priority area	Major activities/activity areas in 2000	Key results in 2000	Constraints and lessons learned
	Global migration to messaging and group ware platform. Efficient operation of IT infrastructure	Pilot testing of NT clustering and Storage Area Networks initiated. Training of regional field support staff undertaken.	

Annex II

TOP 20 CONTRIBUTORS TO UNICEF REGULAR RESOURCES, 2000

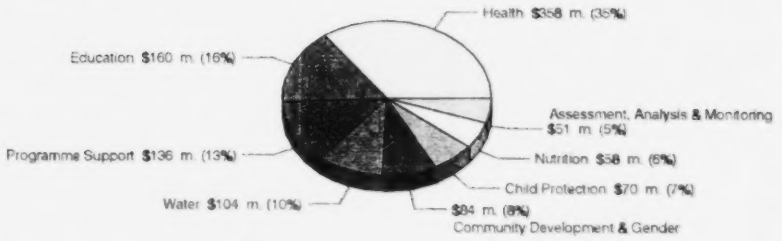
(In thousands of United States dollars)

GOVERNMENTS	
United States	110 000
Norway	32 676
Sweden	31 157
United Kingdom	26 667
Japan	25 596
Denmark	22 952
Netherlands	22 754
Finland	11 158
Switzerland	10 303
Italy	9 524
Canada	9 081
France	6 783
Germany	4 206
Australia	3 034
Belgium	2 776
Ireland	2 347
Spain	1 496
Republic of Korea	1 300
China	1 210
Austria	1 011

NATIONAL COMMITTEES FOR UNICEF	
Japan	68 199
Germany	29 990
Netherlands	28 665
France	23 772
Italy	20 055
United States	13 860
Spain	11 468
United Kingdom	7 150
Switzerland	6 382
Greece	4 296
Belgium	3 943
Hong Kong	3 559
Republic of Korea	3 380
Portugal	2 855
Sweden	2 254
Finland	1 860
Austria	1 632
Slovenia	1 309
Australia	1 309
Denmark	1 243

Annex III

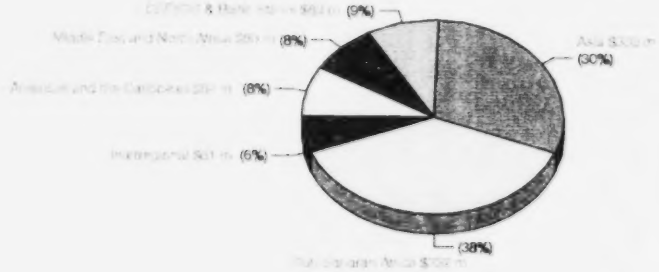
Figure I
UNICEF programme expenditure
by programme field, 2000


Health $358 m. (35%)
Education $160 m. (16%)
Assessment, Analysis & Monitoring $51 m. (5%)
Programme Support $136 m. (13%)
Nutrition $58 m. (6%)
Child Protection $70 m. (7%)
Water $104 m. (10%)
$84 m. (8%)
Community Development & Gender

Total expenditure: $1,021 million[a/]

a/ Includes programme support cost amounting to $136 million.

Figure II
UNICEF programme expenditure
by geographical region, 2000



Total expenditure: $1,021 million[a/]

a/ Includes programme support cost amounting to $136 million.

Annex IV

Programme expenditure in 2000 for countries classified according to gross national product and under-five mortality rates

	Child population in 1997 (In millions)	Child population (Percentage of total)	Number c/ of countries	Expenditure (In millions of US dollars)	Expenditure (Percentage)	Cents per child (US cents)
Country grouping based on 1997 GNP						
Low income, Total	1,308	69%	63	689	67%	53
Low income, excluding India & China	*543*	*29%*	*61*	*580*	*57%*	*107*
Lower middle income	426	22%	49	171	17%	40
Upper middle income	166	9%	14	41	4%	25
Total for countries	1,900	100%	126	901	88%	47
Total for global and other regional funds				120	12%	
Grand Total	1,900	100%	126	1021	100%	
Country grouping based 1997 U5MR						
Very high U5MR	272	14%	32	356	35%	131
High U5MR, Total	742	39%	34	330	32%	44
High U5MR, excluding India	*356*	*19%*	*33*	*244*	*24%*	*68*
Middle U5MR, Total	832	44%	45	180	18%	22
Middle U5MR, excluding China	*453*	*24%*	*44*	*156*	*15%*	*34*
Low U5MR	53	3%	15	36	4%	68 b/
Total for countries	1,900	100%	126	901	88%	47
Total for global and other regional funds				120	12%	
Grand Total	1,900		126	1021	100%	
(of which LDCs)	305	16%	47	460	45%	151

a/ Low income = GNP per capita of $785 and less
Lower middle income = GNP per capita between $786 and $3,115
Upper middle income = GNP per capita between $3,116 and $9,635
Very high U5MR = over 140 under-five deaths per 1,000 live births
High U5MR = 71-140 under-five deaths per 1,000 live births
Middle U5MR = 21-70 under-five deaths per 1,000 live births
Low U5MR = less than 21 under-five deaths per 1,000 live birhs
LDCs = least developed countries

b/ Higher cents per child reflect expenditure in countries with small child populations and also in three countries/areas experiencing emergency situations, which account for over 50 per cent of the total expenditure incurred.

c/ Pacific, Caribbean and CEE/CIS/Baltic States multi-country programmes were counted as one each except countries in emergency situations within the multi-country programme with separate expenditure and available indicators.

Annex V

STATUS OF BUDGET IMPLEMENTATION FOR UNICEF SUPPORT TO THE SPECIAL SESSION ON CHILDREN AND ADDITIONAL EVENTS

This interim report on the use of the funds approved for UNICEF secretariat support to the Special Session on Children and additional events was prepared in response to Executive Board decision 2000/6 (E/ICEF/2000/8/Rev.1) adopted at the annual session in May 2000. By its decision 1999/12 (E/ICEF/1999/7/Rev.1), the Board approved start-up funding in the amount of $2,000,000. An additional budget in the amount of $5,400,000 was approved by decision 2000/6.

	(In United States dollars)
Total approved budget	7 400 000
Funds available (1999-November 2000)	2 955 881
Expenditure as of December 2000	(1 118 437)
Funds available (December 2000-April 2001)	1 559 845
Funds commitment as of April 2001	(2 175 086)
Uncommitted funds balance as of April 2001	1 222 203
Unfunded balance	2 658 583

There is a cut-off date of December 2000 as expenditures up to that date are final, while spending after that date remains commitment and becomes final much later in the year. As of April 2001, contributions amounted to $4,741,417, with a programmable amount of $4,515,727. Expenditure at the end of December 2000 was $1,118,437 and the commitments from January to April amount to $2,175,086, which leaves an uncommitted funds balance as of April 2001 of $1,222,203, for a 73 per cent implementation rate.

The unfunded portion of the budget amounts to $2,658,583, or 36 per cent of the total budget.

The funds supported advocacy and mobilization of Members States, civil society organizations, young people, the private sector and media at global and regional levels. UNICEF has worked and expanded to date the process of facilitating and encouraging the participation of civil society, children and youth in the planning and implementation stages. The funds also support some of the staff working full time in this endeavour.

As the Special Session is coming closer, it is paramount for Members States to continue to support UNICEF as the substantive secretariat to ensure a quality servicing of this General Assembly process. The Special Session and additional events will require adequate funding to ensure a meaningful meeting that generates maximum benefits for children.